1. PLACE OF DEATH	CERTIFICATE OF DEATH 12100
County Allegans, W17	HIN CORPORATE LINITIS. Registration Dist, No. 4
Village or City Communication (if	No. Collegary Holitel St. H. Ward death occurred in a hospital or institution, give it NAME instead of street and trumber)
11 11/1/1/1/1	1
2. FULL NAME ATTMEN & ale Ullright	If U. S. Veteran, specify WAR
(a) Residence; No. (Usual place of abode)	St., Ward. USLIE Fig If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	Dec 10 ,196, to Occ 10 ,1936
6. DATE OF BIRTH (month, day, and year) 200 4 1927	I last saw han alive on Ore 10 1926; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
9 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular	Were as rollows.
o kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Emplot would Dalo,
9. Industry or business in which	Jacken Som
work was done, es SILK MILL, SAW MILL, BANK, etc	Bullet Justishing
O 10. Date deceased last worked at this occupation (month and year)	Brain
9 ///	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME Office (City or town)	
14. BIRTHPLACE (City br town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or county)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Outford allowants (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Seedled would
Place Me 15 19 Canada Wile 13, 1936	Nature of injury Bullett franchist Assen
19. UNDERTAKER Missostim Inc. (Address)	24. Was disease or injury In any wey related to occupation of deceased?
20. FILEODEc. 12, 19.36 De P. Frank Registrar.	(Signed) Clary 7, Mun M. O. (Address) 44/Con School Consultation
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

should be called a salesman and not a clerk.

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1 week ac
Attack of epilepsy 1 week ac
Run over by street car 1 week ag
Perilonitis 3 days ag
Other contributory causes of importance: 23 Gastroenteritis 1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

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8	31	Ä		
*.5	40	ers		

FOR BINDING

ARGIN RESERVED

PHYSICIANS should state Exact statement of OCCUPA-D. Every item of inforstated EXACTLY properly classified. AGE should be

See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. N. B.-WRITE

1.	PLACE OF DEATH			(97)	
	County ALLEGANY	WI	THIN COF	RPORATE LIMITS. Registration Dist. No. 4	
	Village or City CUMBE	RLAND, MD.		L NOSPITAL death occurred in a hospital or institution, give its NAME instead of street and n	Ward Ward
	Length of rasidence in city or town	where death occurred		ds. How long in U.S. If of foreign birth?yrsmo	
2.	FULL NAME SAMUE			6-3 If U. S. Veteran, specify WAR	
	(a) Residence: No7 <u>T</u> -8	LAF-AYETTE A	abode)	BEFSLAND, Mard. If nonresident give city or town and S	State
	PERSONAL AND STA	TISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	ALE WHITE	5. SINGLE, MARRI OR DIVORCED (MARRIED	ED, WIDOWED, (write tho word)	21. DATE OF DEATH DECEMBER IO, 1936 (Month) (Dey)	193
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of ELLA TH	OMAS ANDERS	ON	22. HEREBY CERTIFY, That I attended d	eceased from
6 D	ATE OF BIRTH (month, dey, end year)	MADOU OO	1871	Hast saw has alive on Dec 9 1936	; death is seid
7. A			If LESS then	to have occurred on the dete steted ebovo, at 2:39. An M.	
	65	1 18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceusas of importance wera es follows:	D. C.
z	8. Trede, profession, or particular kind of work done, as SPINNI SAWYER, BOOKKEEPER, etc	FR DA DE	7		Date of onset
TIO	SAWYER, BOOKKEEPER, etc	10 4 0 ony		arterio selesvaco	/732
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	· Italon	nan		~~~~
000	10. Dete decaesed last worked at this occupetion (month and yeer)	11. Total time	in this	e dartentis obliterans	
12.	BIRTHPLACE (city or town) WAS			Other Contributory Causes of Importance: Subartuto	Dec
0:	(State or country)			shelleran	+
FATHER	13. NAME	my.		M. Lig	1736
FA	14. BIRTHPLACE (city or town) (Stata or country)	22		Name of operation	
2	15. MAIDEN NAME	man		Whet test confirmed diegnosis? Was there an et 23. If deeth was due to external causes (VIOL ENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town)	7	~	Accident, suicide, or homicide?	
X	(State or country)	**		Where did Injury occur?	, 10
17.	NFORMANT MRS ELLA A (Address) 718 LAFA	NDERSON VETTE AVE.	CTTV	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
18.4	REMOVAL	ABILID AVE	OLLI	Menner of Injury	
	Place Levels My	Va Dete Du	LL., 1934	Nature of Injury	
19.	UNDERTAKED (Adduess)	Stein Con	and of	24. Wes disease or injury in any wey releted to occupation of deceasad?	
20.	FILED Dec. 11, 1936.	Ar. J. P.70	ranko. Registrar.	(Signed) // BOULE (Address) 33 Vacuu	M. D.
B	B. 0	f more blanks are needed, add		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: E V & D Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial rephritis JAN 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
W-45			

N. B.—WRITE PLAIMLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEA	VIH 30100
600		CORPORATE	IL
Village or City Cooper	terland,	f death occurred in a hospital or institution, give its NAM	St., 3 Ward
2. FULL NAME Carrie V	rquite Dance	sds. How long in U.S. if of foreign birth?	yrsds.
(a) Residence: No. 332 7	(Usual place of abode)	St., S Ward.	give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Finale White,	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dry. (Month)	7-/ 193 ((Day) (Yeer)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of		22. Sept. 10 1936 to	Y That I attanded deceased from
6. DATE OF BIRTH (month, day, end year)	ly 13 1855	! last saw h elive on	74 , 19.36 ; death is said
7. AGE Years Mooths	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related gaus	as of importance
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	Horano la	wara as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	of Home.	-	36
1D. Date deceased last worked et this occupation (month and year)	11. Total time (years) spant in this		
12. BIRTHPLACE (city or town) BoxAl (State or country)	in Shaft and	Other Contributory Causes of Importance:	for 24m
13. NAME Still R. Ba	rnard.		
13. NAME // Sa 14. BIRTHPLACE (city or town)	And.	Name of operation	
15. MAIDEN NAME Ima E.	Hofmod	23. If daath was due to external causas (VIDLENCE) fil	
16. BIRTHPLACE (city or town)	Ind.	Accidant, suicida, or homicida? Where did injury occur?	Date of injury, 19
17. INFORMANT Ins Cather (Address)	in Barnard.		Iown, county and State) ME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place True Josef Con	Date Dec 27, 1936	Manner of Injury	********************************
19. UNDERTAKER Komis Sten	I Ingel:	24. Was disaasa or injury in any wey related to occup	
(Address)	1. //	If so, specify	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUREAU V. S.	Jay5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
			- 3000

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12103
1. PLACE OF DEATH	93-3
County clessam WITHIN COF	RPORATE LIMITS. Registration Dist. No.
Village or City Lympter and	No. 939 Mary and wast 6-1 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?ds.
2. FULL NAME Many July Dea	If U. S. Veteran, specify WAR
(a) Residence: No. 424 Manual (Usual place of abode)	St., 6 - Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Johnas Deas	22. CHEREBY CERTIFY That I attended daceasad from
North 1850	, 10
6. DATE OF BIRTH (month, day, and year) 100, 4, 70 7 7. AGE Years Months Days if LESS than	I last saw h aliva on 19 ; death is said to have occurred on the date stated above, at 19 ; death is said
77 / 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	wera as follows:
kind of work done, as SPINNER, Jonselsell	Chrone myocaruli about
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (media and	1484
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) / Lew Jorg (Stata or country)	Other Contributory Causes of importance:
1 16 16	deletation 1906
13. NAME Lange Menny Menny Many Many Many Many Many Many Many M	Nama of operation Data of Data of What test confirmed diagnosis? Clerical Was there an autopsy? W
15. MAIDEN NAME MANY Ward	23. If death was due to axternal causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME MALL MANUEL MA	Accidant, suicide, or homicide?
∑ (State or country)	Where did injury occur?
17. INFORMANT MAD CONTRA CONTRACTOR (Address) Contractor of the	(Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place of annual Compata Melada, 1926	Nature of injury
19. UNDERTAKER Meditale (Address)	24. Was disease or injury In any way related to occupation of deceased? Lib
20. FILED Dec. 2 1 19 36 Av J. P. Frankl	(Signed) VRBQWend M.D. (Address) 123 Va Ule

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial neparitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 5 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH

-9	63	1	0	1
1	6	1	0	7

	1. PLACE OF DEATH	(13)	
	County Allegany	HIN CORPORATE LIMETS ation Dist. No.	+
	Village or City Cumberland	No. 468 Columbia St.	3 Ward
	/1 (IF	death occurred in a hospital or institution, give its NAME instead of street and n	number)
	Length of residence In city or town where death occurredmos	sds. How long in U.S. if of foreign birth?yrsmo	osds.
	2. FULL NAME Annie In Decks	If U. S. Veteran, specify WAR	
1	(a) Residence: No. 463 Columbia	St., 3 Ward.	
2000	(Usual place of abode)	If nonresident give city or town and	State
1-	PERSONAL AND STATISTICAL PARTICULARS SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	
3.	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	102 6
5.0	a. If marriad, widowed, or divorced	(Month) (Day)	(Year)
30	HUSBAND of (or) WIFE of A Read of Branch	22. I HEREBY CERTIFY, Thet I attended	deceesed from
-	with strong & lolek.	De 18 ,1936 to the 28	19.36
e 6.	DATE OF BIRTH (month, dey, and year) Sand 5 1865	i last saw h alive on 18 19 3 to	; death is said
g 7.	. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6	
certificate	7/ 1/ 23 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causas of importence were as follows:	Data of enset
J N	8. Trade, profession, or perticular kind of work done, as SPINNER,	12 A. A.	
ck of	SAWYER, BDOKKEPER, etc.	- Torchoffneurging	13/17/26
on ba	IO. Date deceased last worked at 11. Total time (years)	Chamie interstitial replaities entrol.	
- 1)	this occupation (month and spant in this year) occupation	- Direction: ten to fefter years.	
ioi	2. BIRTHPLACE (city or town) & tamberland 1	Other Contributory Canses of Importance;	C
instructions	(State or country)	dremia	13/17/3
nst.	13. NAME John Porrell.	,	12/1/2/2
	14. BIRTHPLACE (city or town)	Name of operation Dete of	-
See	(State or country) & Ermany.	What test confirmed diegnosis? Phip. Class Was there an a	7
ER It	15. MAIDEN NAME from In. Tolk	23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTH	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	
important MOTHE	(State or country) Dermany.	Where did injury occur?	-
.E	7. INFORMANT GUT + Buck	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
very 12	(Addrass) Commerciand		
.si 18	B. BURIAL, CREMATION OR REMOVAL	Manner of injury	
0	Place Date Date Date 1926	Neture of injury	
NOIT	9. UNDERTAKER Lomis Stern Inc.	24. Was diseasa or injury In any way ralatad to occupation of decaasad?	10
-	(Address) bromberland.	If so, specify	
20	1. FILED Dec. 30, 19. 36. Dr. J. V. Frank	(Signad)	
	Registrar.	(Address) Cember 2009 1	10/

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Example I	1	Example II	
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Cerebral hemorrhage JAN 6 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	- MAKILAND	186-0
County alleg	any	Registration Dist. No.
Village or City	the wa	No. mines Workitals. War
***		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where	ANNIE M./)	\
2. FULL NAME VIVO PARAMENTAL	mno Bevar	If U. S. Veteran, specify WAR
(a) Residence; No. 114 July	(Usual place of abode)	St., Ward. A Manuage State If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (partie the word)	21. DATE OF DEATH _ /6 - 3 6
Sa. If merried, widowed, or divorced	Milloudd	(Month) (Dey) (Yeer)
a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	Burns	22. 1 HEREBY CERTIFY, That I ettended deceased from 12 - 16 - 16 19 to 12 - 16 - 76 19
(/ . ()	1.0.3 -10FM	13 -16-36
AGE Yeers Mosths	Days If LESS than	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
70 1	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular		were as follows: Practine Left Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	retired	Linen.
9. Industry or business in which	labelen	7. erminal Bronshiad Inemina
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Fractine caused by at fall or foun stainways Che
10. Date decessed last worked et this occupation (month and year)	11. Total time (years) spent in this .occupetion	accidental fall
75017	Occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	desingues of Seed	Senjety
13. NAME Tatich	Calleda	astermen
<u> </u>	0 0	
(State or country)	Unland	Name of operation
	Lox Zualen	What test confirmed diagnosis? Wes there en eutopsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following:
100	10 1 7	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Uneland	Where did injury occur? - Inshanton - moogland
7. INFORMANT Mass John	Canned	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)	Frostly ma	in her home.
8. BURIAL, CREMATION, OR REMOVAL	A 10 -	Manner of injury Decidental falls
May St Muchael	Date Ale 19 , 1936	Neture of Injury
9. UNDERTAKER	Vurstal	24. Was disease or injury in any way related to occupation of deceased?
(Address)	Fralling	If so, specify Van Orman
20. FILED 12-18, 1936 Ur	a.R. Walker	(Signed) W- alfred Va aliner M.
77	Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

19105

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: Evample II

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
-	Other contributory causes of importance:	
Iay 1,1923	Gastroenteritis	1 year
	1921 uly 5 ,1927	1921 Run over by street car uly 5,1927 Peritonitis Other contributory causes of importance:

	AD	DILLON	TALL DILL	CE PUI	LUI	THER STATI	STATISTA	ITO DI	11119101	AIN	
AUTHORITY	FOR	CHAN	GING	NAME	OF	DECEASED	TO	MRS	ANNITE	M BEWAND	ם דד השהם
Agril	4.	1937	under	DR.	VAN	ORMER -	31177	an V	ital S	tatistic	S I
						0.00	144	C-00 A		0000000	- · - ·

ADDITIONAL CDACE FOR EUDPHED CTATEMENTS BY DIVERSIA

Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 1210	6
1. PLACE OF DEATH	(13) Noveth	
County allegany	Registration Dist. No.	
Village or City Frankling / Near The	they sort, mi. St. V	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)	de
1		us.
2. FULL NAME (mathon Washington B	Lingand U. S. Veteran, specify WAR.	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	against the last
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	_
Mule White Married (write the word)	Dec 31, 193	2
5a. If married, widowed, or divorced	(Month) (Day) (Year	1)
HUSBAND OF (Or) WIFE OF Marquet Blizzard	22. I HEREBY CERTIFY, That I attended deceased Dec 18 1976, to Dec 3/ 196	-
6. DATE OF BIRTH (month, day, and year)	Hast saw h. m. alive on Dee: 31, 1936; death is	s said
7. AGE Years Months Days If LESS than	to heve occurred on the dete steted above, at. 4. P.m.	
7/ 3 24 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Farmer	ron: emy cordities July - 3	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceesed last worked at this occupation (month and yeer) 11. Total time (years) spent in this cocupation 6.0		
) de la constantina della cons	Other Contributory Causes of Importance:	9 -
12. BIRTHPLACE (city or town) Petersburg (Stete or country)	arjurasclerasio 19.	~ ~ ~ ~ ~
13. NAME W (1-1) The Bling of	nephretico 193	رير ز
E Stranger	Name of operation March	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation	212
15. MAIDEN NAME Hannah Nelson	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:	
6 16. BIRTHPLACE (city or town) Letarsburg	Accident, suicide, or homicide? Date of Injury19_	
(State or country) W. V.	Where did injury occur?	
17. INFORMANT Ernest Bliggard (Address) F Jalia Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Plece Bloomington Dete on 3, 19 37	Nature of Injury	
19. UNDERTAKER J. S. Boal	24. Was disease or injury in any way related to occupation of deceased?	
20, FILED In: 2 193 20 Barrelaker M.	If so, specify (Signed) (Signed)	M. D.
Registrar.	(Address) Tiedmont W. Ja	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy .	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBALI V. S.	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

A. PLACE	OF DEATH			940		1	
County	allega	my			Registration D	ist. No	
Village or	City Little	Orlean	co, R. 7.D	No		St.,_	Ward
Length of re	sidence in city or town whe	so double account d		f death occurred in a hospital or institu			
	m	600	yrsmos	2	of foreign birth?	угз	.mosds
2. FULL NA	ME Man	y Eliz	abech l	Jowman			
(a) Reside	nce: No.			St,Ward.			
PERSO	NAL AND STATIS	(Usual place		MEDICAL		ive city or town a	nd State
3. SEX 7	4. COLOR OR, RACE		RRIED, WIDOWED,	21. DATE OF DEATH	ERTIFICATE	OF DEATH	
J	While	OR DIVORCE	ED (write the word)	ZI. DATE OF DEATH	Nec	10	1026
5a. If married, wido	70000	Ma	rried		(Month)	(Day)	(Year)
HUSBANO of (or) WIFE of	(Ilbeat	B -		22. OI HEREB	YCERTIFY	. That I attend	ed deceased from
(01) 111112 01	acres .	Jon n	ran	Die 8	1936 10	Dec.	10 1986
6. DATE OF BIRTH	(month, day, and year)	Mar 5. 1	879	I lest saw her alive on	Dec. 10		2; death is said
	ears Months	Deys	If LESS than	to heve occurred on the date state	ed above, at 12.40		
	57 9	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEA			
8. Trade, prof	ession, or particular	0/	^ /	were es ronows.			Date of onse
SAWYE	work done, as SPINNER, R, BOOKKEEPER, etc	Housen	refe	anginat	cetaris	,	Dea 8
NOOLE SAWYE 9. Industry or work w SAW M 10. Date deep	business In which as done, as SILK MILL, ILL, BANK, etc	Our L					
SAW M	ILL, BANK, etc.		me				
this occ	sed last worked at upetion (month ald		time (years) adult ent in this cupation life				
1 30017 =	60	000	upation	Other Coutributory Causes of imp	ortance:		
12. BIRTHPLACE (d		usylv	amar	Po		,	
	miry)	12	t,	1 ernocion	anum	Soller	1928
13. NAME	Michael	Dark	man				
	E (city or town)	know		Name of operation		Date of	
(State t	or country) W, S.	6		What test confirmed diagnosis?		Was there a	n eutopsy?24
15. MAIDEN N	AME em	Know	_	23. If death wes due to external ca	uses (VIOLENCE) fill	in also the follow	ing:
	E (city or town)	Rur	~	Accident, suicide, or homicide?	D	ate of injury	, 19
Z (State o	or country)	7		Where did injury occur?	(\$	16	
17. INFORMANT (Address)	Khera/	Orles	us mit	Specify whether injury occurred i	n INDUSTRY, in HOM	IE, or in PUBLIC I	PLACE.
18. BURIAL, CREMA	TION, OR REMOVAL	2 1		Manner of injury			
Place Ho	" Cemetery	a Dete De	c. 13 ,1936	Neture of injury			
19. UNDERTAKER	Ephrai	u Am	the	24. Wes diseese or injury in any w			
20. FILED See	11 21 9	The.	14. 7m 0 7.	(Signed)	a wa	lance	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	il il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis-	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN O			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12108
County Allegeny Village or City Cumberland. Md WITHIN CO	RPORATE LIVILIAS Registration Dist. No.
Village of City (II	No. St. Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sarah.A.Brant	If U. S. Veteran, specify WAR
(a) Residence: No. Cumberland. Md	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Dec. 24.1936 193
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22 HEREBY CERTIFY, Thet I attended decessed from
Nov.24/ 1853	1930 to let 24 , 1936 1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 • 25 • m. m.
83 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance wars as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Date of onset
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Md (State or country)	Other Contributory Causes of Importanca:
3. NAME Jefferson. Schields	
13. NAME Jefferson. Schields Md Md Steta or country	Name of operation
15. MAIDEN NAME Anna. Mohahan.	23. If death was due to externel ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME Anna. Mohahan. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
17. INFORMANT Charles Brant (Addrass) Cumberland, Md	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Centenary Date Dec . 26. 1936	Mannar of injury
19. UNDERTAKER John.C. Wolford (Address) Cumberland. Md	24. Was diseesa or injury in any way ralated to occupation of decaased?
20. FILED ALC. 26, 19 36. Ar. J. P. Yrankla	(Signed) MRU M.D. (Address) 36 Orulne St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requising W. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	9	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 6 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	460 Pr ROSE SINGER
1. PLACE OF DEATH	
County ALLEGANY C	ORPORATE LIMITS. Registration Dist. No. 44 No.MEMORIAL HOSPITAL \$5,6-1 Ward
Village or City CUMBERLAND, MD. WILLIAM	No.MEMORIAL HOSPITAL SE, 6 - / Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the inspiration manufact, give instruction instead of street and number)
2. FULL NAME WILLIAM H. BUCHHOLTZ	If U. S. Veteran, specify WAR
(a) Residence: No. 212 SCHLEY ST., CUMBERL	
(Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
MALE WHITE MARRIED	DECEMBER 25, 193 6 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet I ettended deceased from
(or) WIFE of MAUD ROLLINGS	Lee 15 1936 to Alic 25 1936
6. DATE OF BIRTH (month, day, and year) JAN. 18 1889	i lest saw him elive on the 25 193 6; deeth is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, et8:20m. A. M.
477 11 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were es follows:
8 Trade profession or particular	Carmon M
kind of work done, es SPINNER, AUTOMOBILE DEALER	Transvers colon
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etcAUTOMOBILE DEALER 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Deta deceased lest worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) MARYLAND	Other Contributory Causes of importance:
(State or country)	
3 13. NAME WILLIAM BUCHHOLTZ	0 42
13. NAME WILLIAM BUCHHOLTZ 14. BIRTHPLACE (city or town) PENNSYLVANIA (State or country)	Neme of operation Later ausoformore date of Acces 97
(Stete or country)	Whet test confirmed diegnosis? Cheecis X - Was there en eutopsy?
15. MAIDEN NAME ELIZABETH C. MAUS	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME ELIZABETH C. MAUS 16. BIRTHPLACE (city or town) MARYLAND (State or country)	Accident, suicide, or homicide? Date of injury, 19
(Sieta of County)	Where did Injury occur?
17. INFORMANT Memorial. Hospital	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Sumberland. Ad	
18. Burial, CREMATION, DR REMOVAL Place SS. Peters & Papers Dec. 29. 1936	Menner of injury
	Neture of Injury
19. UNDERTAKER John.C. Wolford	24. Wes disease or Injury in any wey ralated to occupetion of deceased?
(Address) Cumberland. Md	If so, specify
20. FILED/Lec. 26, 1970. AV. J. V. Tranks	(Signed) M. D.
// Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADY AND CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 0 1931	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE PLAINLY, WITH JNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
--

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12111

1. PLACE OF DEATH				920	
County Alley	when	1 IN	THIN CAR	Registration Dist. No.	4
Village or City	own where do	eath occurred		No. Colored St., death occurred in a hospital or institution ave its NAME instead of street and ds. How long in U.S. if Coreign birth?yrs	H Ward number)
2. FULL NAME	amfo	wish .	Cain	If U. S. Veteran, specify WAR	
(a) Residence: No 01	d town	, Md , (Usual place	of abode)	St., Ward. All nonresident give city or town an	id State
PERSONAL AND S	TATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF	RACE	5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH	, 193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. HEREBY CERTIFY, That t attended	
6. DATE OF BIRTH (month, day, and	user)	. /	1874	last saw h LTT2 alive on D.C. 21 196	death is said
7. AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	, death 13 said
1			ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SP SAWYER, BOOKKEEPER, e 9. Industry or business in which work was done, as SILK in SAW MtLL, BANK, etc 10. Date deceased last worked a this occupation (month and		rmer	*	Chronic Jugocarditis	
9. Industry or business in which work was done, es SILK M SAW MtLL, BANK, etc	MILL,	Fa	rm	Tuyocardial Jailure	12-12-3
10. Date deceased last worked a this occupation (month and year)	d	Spe Spe	time (years) Int in this Upation		
12. BIRTHPLACE (city or town) MO (State or country)	orefi	eld,	Va.	Other Contributory Causes of Importance:	
W 13. NAME TO	nk	now	~		
14. BIRTHPLACE (city or town) (State or country)		(1		Name of operation Date of What test confirmed diagnosis? Classical Was there an	autopsy?
15. MATOEN NAME	arts	a T	riller	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MATOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Jan	poh	ie Co.,	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT Mrs. Kate 7 telmick/ (Address)			nick	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18. BURIAL, CREMATION, OR REMOV	Va	_ Date /2	124,1936	Menner of injury	
19. UNOERTAKER A. (Address)	Ro	gord	ser/1/2	24. Was disease or injury in any way related to occupation of deceased?	200
20. FILED Sec- 22, 19 3	6, 24	-J.P.	Frankles Registrar.	(Signed) within of Jorges (Address) 4 a h. offifraty 3+	M. D
	If more b	lanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

stating the occupation avoid the use of such indefinite terms as "amployee

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BIREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(40)
1 1 1 1 mail	PORATE LIMITS Registration Dist. No.
Village or City Cumhaelland, Model	No. Allegany Hopital # Ward death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME holms color	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. Deal Garage State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ecember 1-5, 193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. OLI HEBEBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) OCT 4 19/5	I last saw h alive on Que (5, 19) 6; death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, et 5 40 Pm.
21 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	Sum (Perituili Du 10.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	
SAW MILL, BANK, etc	Sur Sylves
and occupation (manufacture)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State of County)	Returned Plasarla
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
# 15. MAIDEN NAME Sadie Bettner	What test confirmed diagnosis?
f6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country) Sa.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jea Waler (Address) Seal Sa	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL Cemelary	Manner of injury
Place / Words Date Date 18., 195 6	Nature of injury
19. UNDERTAKER SAMEN M Homes (Address)	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Sec. 16, 1936 Ard, P. Frankly	(Signed) Clan 9. Mem M. D. (Address) 4/ Season at Capital
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of of importance were as Arterioselerosis	death and related causes- follows:		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 6 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory can	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107.00
County allegany	Registration Dist. No.
Village or City & Mo	No. St., Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where down occurred	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cathery & Car	If U. S. Veteran, specify WAR
(a) Residence: No. B. Clohart M	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write Hije word)	December 24 1936
50 If married widowad or diversed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(ii) inte	Llee 24 1036, to the 29, 1936
6. DATE OF BIRTH (month, day, and year) Nor 27 - 1936	I lest saw here elive on dee
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, at 3:30 Am.
27 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	A
SAWYER, BOOKKEEPER, etc	Honoho preumona (2/23/3)
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (years)	-
O this occupation (month and spent in this occupation occupation	
Ell- 1	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
E	Name of execution
4. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Charges 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury19
O 16. BIRTHPLACE (city or town) (Stete or country)	Where did injury cour?
Il & Carte	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	
18. BURIAL, CREMATION, DR. REMOVAL W.d.	Manner of Injury
of muchal frotting Data New 25 12	Neture of Injury
10 HADEDTAKED	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address) Troubling MA	If so, specify A A
mours 12-25-136 10, 0.00 1000 then	(Signed) Cleo N, Stale A. M. D.
Registrar.	(Address) - Hastleme Mel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	N. B. WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	1
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	NE	CI	ified	
	SMA	XA	class	
	PEF	国	rly	ate.
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	LAI	plu	DE	TION is very important. See instructions on back of certificate.
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Langth of residence in citizen tom where itself occurred Styrs. ds. How long in U. S. if of foreign in hirth? yrs. ds. How long in U. S. if of foreign in hirth? yrs. mos. ds. How long in U. S. if of foreign in hirth? yrs. mos. ds. How long in U. S. if of foreign in hirth? yrs. mos. ds. How long in U. S. if of foreign in hirth? yrs. mos. ds. How long in U. S. if of foreign in hirth? yrs. mos. ds. How long in U. S. if of foreign in hirth? yrs. mos. ds. How long in U. S. if of foreign in hirth? yrs. mos. ds. How long in U. S. if of foreign in hirth? yrs. mos. ds. How long in U. S. if of foreign in hirth? yrs. mos. ds. How long in U. S. if of foreign in hirth? yrs. mos. ds. How long in U. S. if of foreign in hirth? yrs. mos. ds. How long in U. S. if of foreign in hirth? yrs. mos. ds. How long in U. S. if of foreign in hirth? If U. S. Vetran, specify WAR. St., Ward. If U. S. Vetran, specify WAR. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HER EBY CERTIFY, That I altended decessed (received for your list of the certain of the date stated above, et P. 2. 1 last aw h. alive on hirth altendary decessed (which is a list of down) in the hirty of your list of the certain of the date stated above, et P. 2. 1 last aw h. alive on hirty in hirty of your list of the certain of the date of the province were as if deep. 1 last aw h. alive on hirty of particular (which is a list of the province were as if deep. 1 last aw h. alive on hirty of the province were as if the years of the province were as if deep. 22. I HEREBY CERTIFY, That I altended decessed to have a list of the province were as if deep. 1 last aw h. alive on hirty of the province were as if the provin	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12110
Unage of residence in city at town white death occurred of years. 2. FULL NAME (a) Residence: No Comment of the bopical or institution, give as NAME inseed of street and number? 2. FULL NAME (a) Residence: No Comment of the Street of th	County / Leanny, o	Registration Dist. No.
2. FULL NAME (a) Residence: More Mulling Recommends (b) Residence: More Mulling Recommends (c) Residence: More Mulling Recommends (c) Residence: More Mulling Recommends (c) Residence: More Recommends (c) Recommends (c) Residence: More Recommends (c) Residence: More Recommends (c) R	vinage of city	f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No Milling Belleville (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR PHYSICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, Or BYTOKETS Committee would on Bytoketts Committee would be a size of the Bytoketts Committee would		ds. How long in U.S. if of foreign birth?yrsmos
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, WIDOWED, OR DIVIDED OR DIVIDE		If U. S. Veteran, specify WAR
3. SEX 4. COLOR OR RACE OR DYORKS White the word of DEATH OF DEAT	(Usual place of abode)	If nonresident give city or town and State
Male White ORDIVORED write the word) 5a. If married, wildowed, or physically grave Platter 5a. If married, wildowed, or physically grave Platter 6b. DATE OF BIRTH (month, day, end yeer) 6c. DATE OF BIRTH (month, day, end yeer) 7c. AGE 7c. A		
HUSBAND of (or) WIFE of CERTIFY, That I attended decessed (or wife) And the certification of the determination of the stated debuy. A gradual is the court of the provided	male White OR DIVORCED (write the word)	Nec. 2-6 1936
1 last saw h slive on last stated above, at \$2 mm. AGE Yeers Months Deys II LESS than I day,	HUSBAND of	3
7. AGE Yeers Months Y IT LESS than I dey	6. DATE OF BIRTH (month, day, end yeer) May 12 1838	A CONTRACTOR OF THE CONTRACTOR
8. Trade, profession, or particuler were as follows: Note of the profession of particular were as follows: Note of the profession of particular were as follows: Note of the profession of particular were as follows: Note of the profession of particular were as follows: Note of the profession of particular were as follows: Note of the profession of particular were as follows: Note of the profession of particular were as follows: Note of the profession of particular were as follows: Note of the profession of particular were as follows: Note of the particular of the profession of the particular were as follows: Note of the particular of the part	7. AGE Yeers Months Deys If LESS than	
8. Frade, profession, or particular let (and of work doma, as SPINER, SAWYER, BOOKKEPER, atc. 9, Industry or business in which work wes dona, as SILK MILL Status of SAWYER, BOOKKEPER, atc. 9, Industry or business in which work wes dona, as SILK MILL Status of SAWYER, BOOKKEPER, atc. 10, Date deceased lest worked at this occupation (wonth and year). 12. BIRTHPLACE (city of town) (Steta or country) 13. NAME 14. BIRTHPLACE (city or town) (Steta or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Kaddress) 18. BURIAL, CREMATION, OR REMOVAL Place (Maddress) 19. UNDERTAKER MILL Status of Date of Injury (Specify city or town, country and State) 19. UNDERTAKER MILL Status of Date of Injury (Specify city or town, country and State) 19. UNDERTAKER MILL Status of Date of Injury (Specify city or town, country and State) 19. UNDERTAKER MILL Status of Date of Injury (Specify city or town, country and State) 19. UNDERTAKER MILL Status of Date of Injury (Specify city or town, country and State) 19. UNDERTAKER MILL Status of Date of Injury (Specify city or town, country and State) 19. UNDERTAKER MILL Status of Date of Injury (Specify city or Inpublic PLACE) (Kaddress)		ware on follows:
Other Coutributory Causes of Importance: 12. BIRTHPLACE (city or town) (Steta or country) 13. NAME 14. BIRTHPLACE (city or town) (Steta or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place CAM Multi Canatary Dete 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Characteristics 10. Other Coutributory Causes of Importance: Name of operation. Na	8. Trade, profession, or particuler kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Cirebral Hemosphage News
Other Coutributory Causes of Importance: 12. BIRTHPLACE (city of town) (Steta or country) 13. NAME 14. BIRTHPLACE (city or town) (Steta or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place AM Mell Cantage 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Characteristics 10. Characteristics 10. Characteristics 10. Characteristics 11. Other Coutributory Causes of Importance: Name of operation. Name of	9. Industry or business in which work wes dona, as SILK MILL Stateman Granius	
Other Contributory Causes of Importance: 12. BIRTHPLACE (city of town). (Steta or country) 13. NAME 14. BIRTHPLACE (city or town). (Steta or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Out Marker Marker Marker Marker Dete. 19. UNDERTAKER Marker Marker Marker Marker Dete. 19. UNDERTAKER Marker Marker Marker Marker Dete. 19. UNDERTAKER Marker Marker Marker Dete. 19. UNDERTAKER Marker Marker Marker Dete. 19. UNDERTAKER Marker Dete. 20. UNDERTAKER Dete. 20. UNDERTAKER Dete. 21. UNDERTAKER Dete. 22. UNDERTAKER Dete. 23. UNDERTAKER Dete. 24. Wes disease or injury in eny way related to occupetion of deceased? 24. Wes disease or injury in eny way related to occupetion of deceased? 24. Wes disease or injury in eny way related to occupetion of deceased? 24. Wes disease or injury in eny way related to occupetion of deceased?	SAW MILL, BANK, etc. 11. Total time (years)	
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Where did injury occur? (Specify city or town, county and State) 17. INFORMANT Price (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) Menner of injury Nature of injury 19. UNDERTAKER Price (Address) 24. Wes disease or injury in eny way related to occupetion of deceased? (Address) 16. so, specify (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Menner of injury Nature of injury 19. UNDERTAKER Price (Address) 16. so, specify (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Menner of injury Nature of injury (Address) 17. Wes disease or injury in eny way related to occupetion of deceased? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Menner of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Menner of injury (Signed) 17. Specify city or town, county and State)	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address)	(State or country)	
Place Och Fill Curretary Dete Dec 28, 1936 Nature of injury 19. UNDERTAKER My Carchianu (Address) 19. UNDERTAKER My Carchianu (Signed)		Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
19. UNDERTAKER THE Careful of deceased? The careful of the competion of deceased? The careful of the competion of deceased? The careful of th	00/2) 10/6 + (1 20/ 2/	
TRA 24- QL D. S. M. S. M. Signed) J. Pres. Jos Wadasan		24. Wes disease or injury in eny way related to occupetion of deceased?
Registrar, (Address)	20. FILED 22. 78- 186 D1. E. Dry Tylor	(Signed) Henry Is Hodgson M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JAN 7 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
And And Annual Control of the Annual Control			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1 5k
County allegand	Registration Dist. No.	
Village or City of antique port mo	NoSt.,St.,Stee death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where death occurred 210 yrsmos	ds. How long In U. S. if of foreign birth?yrsmos	ds.
2. FULL NAME Thomas have Clark	If U. S. Veteran, specify WAR	
(a) Residence: No Green of Western fort. Mrs. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ward) Market 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ward)	21. DATE OF DEATH 25 (Day) 193	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decea	19.3.6
6. DATE OF BIRTH (month, day, and year) NOV. 18 18 14	I last saw home alive on Sec 25 7 936; dea	ath is said
7. AGE Years Months Days If LESS than 1 day,hrs,	to have occurred on the date stated above, at 7	
62 ormin.		te of onset
8. Trede, profession, or perticular kind of work done, as SPINNER, Caskenter SAWYER, BOOKKEEPER, etc.	usemin - 12	-22-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last, worked at this occuration (month and		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this 30 4/10.	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Fredrick Country (State or country)	grantatio resections	
i 13. NAME Jonathan In. Clark.		
13. NAME onathan Br: Clark. 14. BIRTHPLACE (city or town) Ireduck county	Name of operation prostation secution. Date of ?	
(State of country)	What test confirmed diagnosis? Wes there an autop	sy?
15. MAIDEN NAME Sarah Large 16. BIRTHPLACE (city or town) Wheeling (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury,	, 19
17. INFORMANT Ms. Susand Clarke	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) Westernpart md		
18. BURIAL, CREMATION, OR REMOVAL Place helas Centers Date New 28, 193.	Menner of injury	
1 1 3 - 0 -	24. Wes disease or injury in any way related to occupetion of deceased?	/
19. UNDERTAKER V. X. (Address) Wisternkart mile	If so, specify	
20 FILED Ste: 2-8 19 36 afodymhaker M.	(Signed) Sugramance Th. Dequeso	M. D.
20. FILED/COLL., 19.	(Address) wexternport book	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial montrities JAN 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 3 13	1921	Run over by street car	1 week ago
Cerebral hemorrhage . S.	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12115
1. PLACE OF BEATH	72:2
County tillgary	CORPORATE LIMITS No. 4
Village or City Curriculary WIT	HINO. 501 Frederick St., 4 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrs,mosds.
2. FULL NAME / Oy Clyde (lov	vev If U. S. Veteran, specify WAR
(a) Residence: No 507/ Frederick	St., 4 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (*write the word) That That The sex of the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorged HUSBAND of	~4.
(or) WIFE of Slanche Clower	22. THEREBY CERTIFY, That I attanded decased from
6. DATE OF BIRTH (month, day, and year) Nov //, 1890	I last saw helice alive on PSO/7 19 14 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
46 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Contractor SAWYER, BOOKKEEPER, etc.	Pseudolankenia (Hodykinsdesius) (El 12
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decassad last worked at A this occupation (month end	
10. Oate decaasad last worked at this occupation (month en 14/235 spent in this occupation coupation occupation 20/1/235	
Elate 1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME John J. Clower	
14. BIRTHPLACE (city or town) Woodstoch	Name of operation Oate of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIOEN NAME Mary Hammond	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT / WA / C.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL WORD Date Des 28, 36	Mannar of injury
19. UNDERTAKER G. S. Butles	Nature of injury 24. Was disease or injury In any way related to occupation of deceased?
(Address) Cumberland my	If so, spacify
20. FILEO Dec. 28, 1936. Ar. J. P. Frank Registrar.	fin (Signed) fr. N. Crevas Pir M. O. (Addrass) Comperland md,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	it	Example H	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. 3.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A TOTAL DESCRIPTION OF THE PARTY OF THE PART			

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF	MARYI	AND-	CERTIF	ICATE	OF	DEA	T	H
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-4	~	- 2	2.	1 7

	7	1.1M RegStration Dist. No.	4
land 1	Id WITH	IN CORPORATE Hospital	Ward
		death occurred in a hospital or institution, give its NAME instead of stre	et and number)
ath occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrs	ds.
Bors	Corpl	man If U. S. Veteran, specify WAR	
Carrol.	1 St.	St. 1 Ward.	
(Usual place o	f abode)	If nonresident give city or to	wn and State
CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEA	TH
OR DWORCED	(write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
	X		
• •	0	22. HEREBY CERTIFY, That I et	tended deceased from
Dec. 8	. 1936		9万点; deeth is said
Deys	if LESS than	The state of the s	
n)	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of important were as follows:	Date of onset
		St ADA STA	
		Succession	
		De art like	
spen	t in this		
		Dther Contributory Causes of importance:	

fman.			
Vs	a	Name of operation Da	ate of
		What test confirmed diagnosis? Wes th	ere an autopsy?
a.Sherra	ard	23. if deeth was due to externel causes (VIOL ENCE) fill in also the f	oliowing:
	Wva	Accident, suicide, or homicide? Dete of injury.	, 19
		Where did injury occur?	
offman,		(Specify city or town, county specify whether injury occurred in INDUSTRY, In HOME, or in PUB	and State) BLIC PLACE,
id, Md.			
		Manner of Injury	
Date D.C.	10.19,16	Nature of Injury	
olford		24. Was disease or injury in any way related to occupation of decease	sed?
rland. 1	#d	If so, specify	
10 P.Z	Fran Bi	(Signed)	м. р.
7.4.	Registrar.	(Address) unterducted	140
	Carrol (Usual place of CAL PARTICES, SINGLE, MARROR DVORCED Dec. 8 Deys 11. Total times per occur Cfman. V: Cfman. Usual place occur Dec. 8 Deys Deys Offman, Id, Md.	Carroll St. (Usual place of abode) CAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Dec. 8. 1936 Deys If LESS than 1 dey,hrs. ormin. 11. Total time (years) spent in this occupetion Cfman. Va. Sherrard Wva. Offman, id, Md.	(If death occurred in a horpital or institution, give its NAME instead of stream of the courred in a horpital or institution, give its NAME instead of stream of the courred in a horpital or institution, give its NAME instead of stream of the courred in a horpital or institution, give its NAME instead of stream of the courred in the low in U.S. If of foreign birth?

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	,,	
	4,5	,
* t.	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
1	1	
		1775
	1915 1921 July5,1927 May 1,1923	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1 82-21
County allegany mg	Registration Dist. No.
Village or City & President	US, ND. Muers Hospilal St. Ward
5/- (If	death occurred in a hospital or institution, given NAME instead of street and number)
Length of residence in city or town where death occurred 22 yrs,mos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Emanual a. Coler	If U. S. Veteran, specify WAR
(a) Residence: No. E a labout Med	St., Ward.
(Usual place of abode)	/ If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCEDY write the word)	21. DATE OF DEATH 22
Male While widowed	(Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of	AND
(or) WIFE of Margaret Dess	1 HEREBY CERTIFY, That I attended deceased from
1 0 4 1011	19 7
6. DATE OF BIRTH (month, day and year) 7. AGE Years Months Days If LESS than	I last saw h A alive on the first aid
1 day,hrs.	to have occurred on the date stated above, at/
/O 8 / 9 ormin.	wera as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	(orelist fromonly)
SAWYER, BODKKEEPER, etc	
work was done, as SILK MILL, Good Muses	
10. Date deceased last worked et 11. Total tima (yaars)	
this occupation (month end year)	
Bouton	Dthar Contributory Causes of Importance;
12. BfRTHPLACE (city or town)	arring autumen
# 13. NAME Www. Coleman	
H William William	
14. BIRTHPLACE (city or town). (State or country)	Name of oparation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Salah — 0	23. If deeth was due to external causes (VIOL ENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
(State of Country) Generally	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Our Demand	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Caclahart Tud,	
DISCOURAGE OF THE PROPERTY OF THE STATE OF T	Manner of Injury
riava Company Valla Vall	Nature of injury
19. UNDERTAKER Jack of charge 1	24. Was diseasa or injury in eny way related to occupation of deceasad?
(Address) Trouthurg Tara	If so, spacify
20. FILED 12-26, 19-36 Wr. a. B. Livalker	(Signed) N- Alfred V & Commo M. D.
Registrar.	(Addrass) Africally med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF	MARYLAND—CERTIFICATE OF DEATH	12118
	(11)	

	1. PLACE OF DEATH	46.0
1	County allegany	CORPORATE LIMITS Registration Dist. No. 4
	Village or City Branchel Gand WITHIN	No. Mellegers to a first alst. 4 Ward death occurred in a striptial or institution, give its NAME instead of street and number)
	Length of rasidence In city or town whera death occurredyrsmos.	
	2. FULL NAME James P. Coleman	If U. S. Veteran, specify WAR
	(a) Residence: No. No. Sh. Breanh, m.s	U St., Ward. North Branch, Mal
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) a. If marriad, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yaer)
	HUSBAND OF COT) WIFE OF Mellie Darsey	22. I HEREBY CERTIFY, That I attended dacaased from Not 16. 1936, to See. 7 , 1936
ej 6	DATE OF BIRTH (month, day, and year) May 19 1862	I last saw h Muc alive on Dec 6 1936; death is said
certificate	AGE Years Months Days If LESS then	to have occurred on the data stated above, at
- L	74 6 18 or min.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
on back of co	8. Trada, profassion, or parlicular kind of work dona, as SPINNER, Market Bookkeeper, atc	Casemonia of Stomach
00 00		b
instructions	2. BIRTHPLACE (city or town) Balta, Md	Other Contributory Causes of importance:
- La	(Stata or country)	Reyocondiles
I Sui	13. NAME John Coleman	A
FATH	14. BIRTHPLACE (city or town) Guland (State or country)	Neme of operation. Adults - Engleviller Date of Nov 2x1932 What tast confirmed diagnosis? X 24 Was there an autopsy? Me.
E G	15. MAIDEN NAME Mary a Gameley.	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
Mportant	16. BIRTHPLACE (city or town) Selfand	Accidant, suicide, or homicide?
III AALA	7. INFORMANT Joseph Caleman	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
200	8. BURIAL, CREMATION, OR REMOVAL. Place Low Data Data Data 9 , 1936	Mannar of injury
NOLL	9. UNDERTURER LAND Stern Tone (Address) Commendence of the stern of th	24. Was disease or injury in any way related to occupation of decaased? NO
2	O. FILED Dec. 8, 1936. Dt. J. P. Frankle Registrar.	(Signed) · 13 · Malhers M. D. (Address) 1. 2. 2. S.o. leulae St.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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1	Example II	•
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
36 . 1 1000	Other contributory causes of importance:	
May 1,1925	Gastroenterus	1 year
	1915 1921	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County allegant	Registration Dist. No.
Village or City State of Mc.	No. Mines Hostal St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
6 1.011 1 - 00	g. annia
2. FULL NAME United X. Colle	If U. S. Veteran, specify WAR
(a) Residence: No. 108 marke (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Manue	21. DATE OF DEATH 27 - 76 (Month) (Day) (Year)
5a. If merriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attanded deceased from
F 1 = 19/3	19 19 19 19 19 19 19 19 19 19 19 19 19 1
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Bays If LESS than	I last sew h
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importance
8. Trade, profession, or particular	Ware as follows: Preumma Date of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date daceased last worked at this occupation (month and	
10. Date daceased last worked at this occupation (month and year)	
(State or country)	Other Contributory Causes of Importance:
13. NAME Joseph College	
13. NAME 14. BIRTHPLACE (cht) or town) (State or country)	Name of operation
15. MAIDEN NAME Surger m. Olen	23. If death was due to externel causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Success Miller 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
17. INFORMANT Mas and Coffege and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Local Fung and Data Dec 3 0, 1936	Mannar of injury
19. UNDERTAKER (Addrass) Translating and	24. Was disease or Injury In any way related to occupation of daceased? The
20. FILED 12-30, 19 76 A. R. Waller Mr. D. Registrar.	(Signed) W- alfred Non lline M. D. (Address) Hrowthing 1 md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Jo w	pluo	000	1
ite	S	Jo	-
). Every	SICIANS	atement	
RECORI	PHYS	Exact st	
HTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	ISE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	
IS A PE	stated E	properly	of continuous of the state of the state of continuate
SII	pe	pe	of.
INK-TI	Plnous 3	t it may	Josh no
DING	. AGI	so tha	antione
UNFA	upplied	terms,	motor
VITIV	ully su	plain	+ 600
HY, V	e caref	ATH in	nonton
PLAIN	onld be	F DE	town in
ITE	on sh	SEO	N : 2

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12120
1. PLACE OF DEATH	73
County allegany	Registration Dist. No.
Village or City Darton	No. None St. Moneward
(If Length of rasidanca in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Length of rasidance in city of town where death occurredyrs	
2. FULL NAME COCCURRENCE COO.	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. It merried, widowed, or divorced HUSBAND ot (or) WIFE ot	22. about I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) It, 4 1918	I last saw harman alive on 5 c 16 1936 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3:30 Q.m.
. 18 10 16 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8 Trade protession or particular	Laterculasis and organic Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	heart complication
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date decaased last worked at	400
O this occupation (month and yaer) spant in this occupation	
12. BIRTHPLACE (city or town) Barton	Other Coatributory Causes of Importance:
(State or country) Maryband	4
13. NAME Gilbert C. Cooling.	2
14. BIRTHPLACE (city or town) Chesteule . Culy	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Philadelphia.	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Chiladelphia.	Accident, suicide, or homicida? Date of injury19
(Steta or country) Jeansufa and	Where did injury. occur?
17. INFORMANT Howard & Cooling (Address) Barton Md.	(Specify city or town, county and State) Specity whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Lawrel Hell Date Like 22, 1936	Nature of injury
19. UNDERTAKER S. Boal (Address) Barton, Md	24. Was disease or injury In any way ralated to occupation ot dacaased?
20. FILED Dec 21, 1936 S. Q. Doucher Registrat.	(Signad) . a. Boucher M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 8 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SI-WU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING	BWRITE PLA LY, WIT UNFADING INK-THIS IS A PERMANENT RUCKD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
S. No. 1	B.—WRITE PLA	mation should be	CAUSE OF DEAT	TION is very imp

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12121
1. PLACE OF DEATH	4:00 A.M. Q.
County Allgany	Registration Dist. No.
	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Joseph Francis to	ocher
(a) Residence: No. / Carlos M	No St., Ward.
(Usual place of abode)	II nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male rolite OR DIVORCED (write the word)	21. DATE OF DEATH LO (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended doceased from
(or) WIFE of	Del 10 1936 to Del 10 1936
6. DATE OF BIRTH (month, day, and year) Sept. 7-1936.	I last saw here alive on Ale 10 1936 death is ear
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at/_/_Pm.
3 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of ones
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at his eccuration (mosth and	Princey 1700
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Carlos · Abd: (State or country)	Other Contributory Causes of importance:
13. NAME Clarence Cooher.	
14. BIRTHPLACE (city or town) - Carlos 164.	Name of operation Date of
(State or country)	Name of operation Date of What test confirmed diagnosis? Clary Was there an au'opsy?
15. MAIDEN NAME Marie Durking	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Marie Durking 16. BIRTHPLACE (city or town) Esthbatt mol ((State or country)	Accident, suicide, or homicide?
17. INFORMANT Marie Durkin Coops	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ally Com Date Dec 11-, 19 36	Manner of Injury
19. UNDERTAKER Goof Holes (Address) Anathura Alad	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 12 - 11, 19.36 Dr. & P. Weller Registrar.	(Signed) WOM CARREST M. D. M. D. (Address) And Fresh M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE THINK SELL V. S.	.13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Jo	plu	200	
tem	sho) je	
Every i	MAINS	ment	
9	rsic	state	
RECO	. PIII	Exact	
WINFADING INK-THIS IS A PERMANENT RECEAD. Every item of infor-	y supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ain terms, so that it may be properly classified. Exact statement of OCCUPA-	
PE	E	rly	cate.
A 60	atec	rope	rtific
SIS	St	id :	cel
H	pe	be	jo:
	ould	may	back
Z	sh	ij	no
16.1	1GE	that	suc
DIA		80	cti
NFA	pplied.	erms,	See instructions on back of certificate.
E.	su	in t	see
-	-	63	92

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		107 01
County Allegany		N CORPORATE LIMIT Resistration Dist. No. 4
Village or City Cumberla	nd. Md WITHI	N CORPORATE LIN HOSpital SE 4 Ward
	(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
		sds. How long In U.S. if of foreign birth?yrsmosds.
	Lee Crable.	If U. S. Veteran, specify WAR
(a) Residence: No. 535 · N · C	entre. St	St., 2) Ward.
DEBCONAL AND CTATICTIC	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC. 3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	OR DIVORCED (write the word)	21. DATE OF DEATH Dec .17 . 1936
So If married widowed as diversed	single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	()	22. I HEREBY CERTIFY, That I attended deceased from
		Dac & 194 to De= 1) 1916
6. DATE OF BIRTH (month, day, and year) Jul	ne.1.1935	I last saw her alive on Dec 6, 1936; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the dete steted ebove, at 3 50. Bin
1 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	0 0	Brandro Duemania
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Pairmany Issay a Deuter Bronehitis
SAW MILL, BANK, etc.	1	Occation: not statel curses
10. Date deceased last worked at this occupetion (month end year)	II. Total time (years) spent In this	
year)	occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Md	
(State or country)		Malmulille
13. NAME Richard F	OX XO	
4 14. BIRTHPLACE (city or town)	md	Name of operation
(Stete or country)	nahla	What test confirmed diagnosis? Wes there en autopsy? Yu
15. MAIDEN NAME Gladys. C: 16. BIRTHPLACE (city or town)	Md	23. If death was due to external causes (VIOLENCE) fill in also the following:
[6. BIRTHPLACE (city or town)	MQ	Accident, suicide, or homicide?, 19, 19
(State of Country)		Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Richard Fox (Address) Cumberland.	vid.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Menner of injury
Place Barton . Md	Date Dec. 19 . 1930	Neture of Injury
John .C .	Molford	
19. UNDERTAKER Cumberland		24. Wes disease or Injury In any way related to occupation of deceased?
De 18 26- 8-	107. 20	If so, specify Signed) Walta S. Jahrson M. D.
20. FILED 10, 19 80 1 PV	. J. V. Vrankle Registrar.	(Address) Charles d M.D.
	Aegistrar.	(Addiess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Cerchral hemorrhan	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 0 1931	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11:

V. S. No. 1 N. B.—V TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

4 DIAGE OF DEATH	(121)
1. PLACE OF DEATH	IN CORPORATE LIMITS. Registration Dist. No. 4
County Mligarry WIT	Registration Dist. No.
Village or City Loundhouse	No. Manual VIII St., 6 J. Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,m	osds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Glorge Compy	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward. Short Gat, Ve, Val V
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If non-fident live city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX . 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Wante Process (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or diverced HUSBAND of	22 I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Long Day.	1-2- 136,10 2-12- 136
6. DATE OF BIRTH (month, day, and year) And 1867	I last saw h
7. AGE Years Months Days II LESS than 1 day,hrs	to have occurred on the date steted above, et
69 3 — 1 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this securation (month and spent in this securation).	Carona Manuella 7
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	4
SAW MILL, BANK, etc.	
O this occupation (month end year) year) 11. Total time (yeers) spent in this occupation occupation	A A A
R	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) The Land of Country)	Central Marina Laboration
	The state of the s
<u> </u>	The state of the s
[14. BIRTHPLACE (city or town)	What test confirmed diegnosis? Was there en autopsy?
15, MAIDEN NAME TLANDAS)	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME / January 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country) Whitenorm.	Where did injury occur?
17. INFORMANT Sons Alfred Johnson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Kne Hell Cimbate All 15, 193	
19. UNDERTAKER Lorino Stern Inc.	24. Was disease or injury in any way related to occupetion of deceased?
20, FILED A LC. 14, 1936, Arg. P. Frankle	(Signed) M. D.
Registrar.	(Address)

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- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

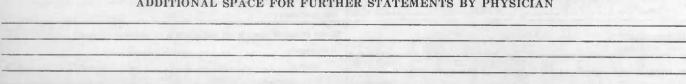
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Example I	İş	Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
II REINFAILV. S.			
Other contributory causes of importance:	3000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



of OCCUPA.

Exact statement

properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. -WRITE PLAINLY, WITH TION is very important.

County Village or City Length of residence in city or town where deathfocurred Length of residence in city or town where deathfocurred VILL NAME Length of residence in city or town where deathfocurred VILL NAME Length of residence in city or town where deathfocurred VILL NAME Length of residence in city or town where deathfocurred VILL NAME Length of residence in city or town where deathfocurred VILL NAME Length of residence in city or town where deathfocurred VILL NAME Length of residence in city or town where deathfocurred VILL NAME Length of residence in city or town where deathfocurred VILL NAME Length of residence in city or town and State PERSONAL AND STATISTICAL PARTICULARS S. SIKCLE, MIRNELD, WIDDWED S. SIKCLE, MIRNELD, WIDDWED S. SIKCLE, MIRNELD, WIDDWED S. SIKCLE, MIRNELD, WIDDWED S. Late of DEATH ZI. DATE OF DEATH Lind In the Country of the country of the
Village or City Length of residence in ging or town where depty/secured. Length of residence in ging or town where depty/secured. Length of residence in ging or town where depty/secured. Length of residence in ging or town where depty/secured. Length of residence in ging or town where depty/secured. Length of residence in ging or town where depty/secured. J. S. Washington of the depty birth? Length of residence in ging or town where depty/secured. J. S. Washington of the depty birth? Length of residence in ging or town where depty/secured ging of the whole in the secure of the depty birth? J. S. Weleran, specify WAR. (a) Residence: No. Length of residence in ging or town where depty/secured ging of the g
Length of residence in city or town where destrocured yet
(a) Residence: No. (a) Residence: No. (b) Land place of fools (c) Land place of fools (c) Land place of fools (c) Land place of fools (d) Residence: No. (e) Land place of fools (f) Land place of fools (g) Land pl
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVIGACED Curric the wind) 5. SINGLE, MORRED, WIDOWES, OR DIVIGACED Curric the wind) 5. LI mairied, widowed, or divorced HUSSAND of Cry, brite o
3. SEX 4. COLOR OR RACE OR DIVORCED (winter the spring) A part of BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day. hrs. or min. 8. It als saw h alive on the date stated above, at / m. 1 day. hrs. or min. 8. AGE PROFERED (AUSE OF DEATH and related causes of importance wire agricular work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAMPT 14. BIRTHPLACE (city or town) (State or country) 15. Malbert was due to external causes (VIOL ENCE) fill in also the following: 19 What lest confirmed diagnosis? What test confirmed diagnosis? Where did injury occurred in INDUSTRY, in MONE, or in PUBLIC PLACE.
Sa. If mafried, widowed, or divorced HUSSARD or (Or) WIFE of (OR) WIFE of (OR) WIFE of (OR) WIFE
55. If married, widowed, or divorcad HUSBARD of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. SAW MILL, BAIK, etc. 10. Data deceased last which work was done, as SPINNER, SAWYER, BOOKKEPER, atc. SAW MILL, BAIK, etc. 11. Total tima (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsylver was done, as confirmed diagnosis? What lest confirmed diagnosis? Was there an autopsylver death of the confirmed diagnosis? What lest confirmed diagnosis? Was there an autopsylver death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day. hrs. or min. 8. Trada, profession, or particular kind of work done, as SPINNER, SAWER, BOOKNEEPER, atc 9. Industry or business in which work was done, as SPINNER, SAWER, BOOKNEEPER, atc 10. Data deceased last worked at this occupation (month and year). 11. Total tima (years) spent in this occupation (month and year). 12. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? Was there an autopsychology. What test confirmed diagnosis? Was there an autopsychology. What test confirmed diagnosis? Date of injury. Accident, suicide, or homicide? Date of injury. Date of injury. Date of injury. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Tade Years Months Days If LESS than I day
8. Trada, profession, or particular kind of work done, as SPINNER, SAWTER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDENT PRINCIPAL CAUSE OF DEATH and related causes of importance were a sciency. 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsylviate or country) What test confirmed diagnosis? 17. INFORMANY Where did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Other Contributory Causes of Importance: Contributory Causes of Importance: Cont
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at paper in this occupation (month and year) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAUDEN AME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? 23. If death was dua to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME Accepted Backey 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsyl 16. BIRTHPLACE (city or town) (State or country) What death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Other Contributory Causes of Importance: 17. INFORMANT Other Contributory Causes of Importance: Other Co
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13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN SAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAND 18. MAIDEN SAME 18. MAIDEN SAME 19. Mana of operation What test confirmed diagnosis? Was there an autopsyl Accident, suicide, or homicide? Objectify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
13. NAME Sauth Balloy 14. BIRTHPLACE (city or town) (State or cauchtry) 15. MALDEN American State of City or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. Date of What test confirmed diagnosis? Was there an autopsylving 23. If death was dua to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
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15. MALDEN AMERICAN STATE AND AND AND AND AND AND AND AND AND AND
Where did injury occur? (Specify city or town, county and State) 17. INFORMAND COUNTY OCCURRED IN INDUSTRY, in HOME, or In PUBLIC PLACE.
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17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL Manner of injury Manner of injury
Nature of injury.
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of dacaased?
20. FILE Dec. 23, 1936. Ar. J. P. Franke (Signed) Allastry MD.
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Example I VED		Example II	
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Chronic interstitial nonhritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Date of onset

Dete of

BINDING FOR RESERVED RGIN

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Example T	1	Example II	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JAN 6 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Luly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH	6
1. PLACE OF DEATH		1
County allegany	Registration Dist. No.	
Village or City Eckhart Mines Mid		Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number death. How long in U.S. If of forsign birth?	er)
2. FULL NAME John Bransis Dean	of U. S. Veteran, specify WAR Harld	
(a) Residence: No. Cokharl Mines, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male White OR DIVORCED (write the word)	Nec 3 193	(Year)
5a. II marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded decea	- 1
2111 :222	ALL	193.6
6. DATE OF BIRTH (month, day, and year) Out. 16, 1893 7. AGE Years Months Days (LESS then	I last saw here alive on	ath Is said
7. AGE Years Months Days (f LESS then 1 deyhrs.		
43 9 /8 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:	te of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month end spant in this spant in this	male of moulesse	7-5
9. Industry or business in which	The state of the s	e
work was done, as SILK MILL, SAW MILL, BANK, etc.	Breakley attende	11103
10. Date decaased last worked at this occupation (month end year) spant in this occupation 12.2444	Comment of the commen	9//73
12. BIRTHPLACE (city or town) Broathing (State or country)	Othar Contributory Causes of importance:	
13. NAME Constant		
13. NAME Le Dean 14. BIRTHPLACE (city or town) Brastburg	Name of operation	
(State or country) - Maryland	What test confirmed diagnosis? When I was there an autops	sv7)20
15. MAIDEN NAME Class Class	23. Il death was due to externel causes (VIOL ENCE) fill In elso the Iollowing:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)		
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data ol injury,	19
1 (outs of county)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT Mass John D. Deans. (Address) Erkhart Mines. Mil	Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner ol injury	
Place Cokhast Cemelery Data Dec. 6, 1936	Neture of Injury	
19. UNDERTAKER Jacob Hafer	24. Was disaase or injury In any way related to occupation of deceased?	0
(Address) 28.258 mark It, masburg, md.	If so, specify	
12-5 136 Dr. a. B. Walker	(Signed) wom have the	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) ______

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of importance:	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

STATE OF M	IARYLAND-	CERTIFICATE OF DEATH 1212	27
1. PLACE OF DEATH		93°C	
County Allea	and with	THIN CORPORATE LENGISTIATION Dist. No.	
VIII ATL / D	0-11	No 1315 River Que sto	-3 Ward
Village or City	Card at (If	death occurred in a hospital or institution, give its NAME instead of street and nu	
Length of residence In city or town where death occu	rred yrs mos	ds. How long in U.S. If of foreign birth?yrsmos.	ds.
2. FULL NAME Clivy	P. phielel	If U. S. Veteran, specify WAR	*******
(a) Residence: No. 13/5///	ual place of abode)	Ward. If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL F		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SING	LE, MARRIED, WIDOWED.	21. DATE OF DEATH	/
Theale Telita ORD	LVORCED (write the word)	Die 14	193
5a, If married, widowed, or divorced		(Month) (Day)	(Year)
HUSBAND of There Br	our	22. LEY SERT FY That I attended de	ceased from
6. DATE OF BIRTH (month, day, and year)	15-1872	flast saw h. hu elive on De 14 1936:	death is said
	Deys If LESS than	to have occurred on the date stated above, at	
64 10 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
- 8. Trede, profession, or particular	ormin.	were es follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	amaer	My au elitic	1931
9. Industry or business in which			
9. Industry or business in which work wes dono, as SILK MILL, SAW MILL, BANK, etc.	16/6	Oprone	
10. Date deceased last worked at this occupation (month and	1. Total time (years) spent in this		
yeer)	occupation	Out - C- with - C- wat for a depart	
12. BIRTHPLACE (city or town)		Dther Contributory Causes of importance:	0
(State or country)		ticule Cardiac	Nic
13. NAME dervy Siele	L	dilitation	6951
13. NAME A Conseq Meele 14. BIRTHPLACE (city or town)		Name of operationDate of	
(State) r country		Whet test confirmed diagnosis? Lakernal Was there an au	tonsy?
H 15. MAIDEN NAME Wil	lina	23, If death was due to external causes (VIQLENCE) fill In also the following:	10037111111
H /	7-1	Accident, suicide, or homicide?	10
(Stete or country)	nd	Where did injury occur?	, 13
19 %	10:00	(Specify city or town, county and State))
17. INFORMATION OF THE PARTY OF	well ,	Specify whether injury occurred in INDUSTRY, in HDME, or in RUBLIC PLAC	JŁ,
(Address) 18. BURIAL GREMATION, OR REMOVAL	d, md.	Manage of tellum.	
Place Istone Ma Dete	Lec 17-1936	Manner of injury	
7.01	- 9	Nature of injury	1
19. UNDERTAKER & Office Sign	in lye	24. Was disease or injury in any way related to occupation of deceased?	
(Action lerband)	117	If so, specify All La Cure	
a suspection 16 is 36 dr. 8	. P. trank	(Signed)	2 M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	ME WES
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JA: 0 1237	July 5,1927	Peritonitis	3 days ago
PHEAU Y. S.	Landy Control		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			The contract

V. S. No. 1 MARGIN RESERVED FOR BINDING	DING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	IANENT RECORD. Every item of infor-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	assified. Exact statement of OCCUPA-
TION is more immediate Con instance on healt of southfloots	

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12128
1. PLACE OF DEATH	
County allegany 11.	Registration Dist, Np.
Village Dr City Totalburk W	
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Tay Very Nichana	If U. S. Veteran, specify WAR
(a) Residence: Np. //Lul R. Smain	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH See . 15 193 6
ia. If marriad, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. /A I HEREBY CERTIFY, Thet I attended decessed from
Months Nisharow	Lel 1934 to Del 16 1939
DATE OF BIRTH (month, day, end year) Lune 24-1907	Hast saw her alive on Slee 15 1976; death is sai
. AGE Years Months Deys If LESS then	to have occurred on the dete stated above, at 3 . 10 Pm.
2-9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence
8 Trade prefereing or particular	Date of ones
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	Tukerenda-ein
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work dona, as SPINNER, SAWVER, BDOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Deta deceesad last worked at this occupetion (month end year) 11. Total time (yeers) spent in this occupetion	
12. BIRTHPLACE (city or town) Salisbury ma	Othar Contributory Causes of importence:
(State or country)	Fulmonary bemoulage
13. NAME Jambo Soolhe 14. BIRTHPLACE (city or town)	No. of the African
14. BIRTHPLACE (city or town)	Nema of operation Dete of What Acad Confidence of the Confidence o
	What test confirmed diagnosis? Wes there en eutopsy?
W. MAILE CONTRACTOR	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19,
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Jowas Alexander of Miles	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL ~ C	Manner of Injury
Place Saladary Mate New 10, 1936	Nature of injury
9. UNDERTAKER (Address)	24. Was disease or injury in eny wey releted to occupation of daceesed?
20. FILED 12-16, 19 36 Dr. a.R. Machan	If so, specify (Signed) WOM Lange M.
Registrar.	(Address) file and figure med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
44.	Other contributory causes of importance	
May 1,1923	Gastroenteritis	1 year
		District of
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

7.S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12129
1. PLACE OF DEATH	97)
County Allegann. WITHIN C	ORPORATE LIMITS. Registration Dist. No.
Village or City Complexion	No. hummal Ambital so 6 -1 Ward
Length of residance in city or town where death occurred 4 yrs. 2 mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Kashall Worsen	If U. S. Veteran, specify WAR
(a) Residence: No. Allegany Co- Tome (Usual place of abode)	3 Ward. If nonresident give city or town end State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /2 - / - 193 6 (Month) (Ddy) (Year)
5a. If married, widowad, or divorcad HUSBAND of	7-11
(or) WIFE of Stuppen Kensey.	22. I HEREBY CERTIFY. That I attanded decessed from
6. DATE OF BIRTH (month, day, and year) 41 26 1858	I last saw h alive on 12 17 19 3/4 death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date statad abova, at Affin.
78 9 21 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:
8. Trada profession or particular	Date of onsat
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Atterisselensis tu-
10. Date deceased last worked at this occupation (month and year) spent in this year) socupation	kuoro
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(Stata or country)	
W 13. NAME Unf	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation 1222 Data of
(State of country)	What test confirmed diagnosis? Yas Was there an autopsy?
15. MAIDEN NAME / Leneralla South	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Aneralla South	Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MANNAUL derroug.	Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place alligary to Com. Date Wie 21, 1936	Natura of injury
10 HUDEPTAVED LONG Strong Strong Lange	24. Was disaase or injury in any wey related to occupation of dacaasad?
19. UNDERTAKER ATMO Sum Inc.	if so, specify
1 36 to 1 P. Flora 60.	(Signed) . Milliam to D.
Registrar	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11	
The principal cause of death and related confirmed importance were as follows: Arteriosclerosis	auses Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 6 1	937 July 5,1927	Peritonitis	3 days ago
BUREAU	v. s.		
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---	------------	-------	-----	---------	------------	----	-----------

TREE D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PERMANENT	stated EXACTL	properly classified.	certificate.
UNFADING INK-THIS	upplied. AGE should be	terms, so that it may be	e instructions on back of
B.—WRITE PLA	mation should be carefully s	CAUSE OF DEATH in plain	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12130
1. PLACE OF DEATH	(97) LIMITS.
County allegany.	N CORPORATE LIMITS. Registration Dist. No.
Village or City Constitution	No. I meren Revent St. 3 Ward
	death occurred in hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred & vrs	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME / Wary Cohrb	av
(a) Residence: No. 256 Columbia. (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White ORD VERCED Gwrite the word	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Sohma Frees	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Snanchi 185	I last saw h reconstive on 2 7 1976, death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at \[\frac{1}{2} \cdot \frac{2}{3} \text{Qm.} \tag{\text{details said}}
80 8 unk. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
R Trade profession or particular	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Certerio Illerosio mu-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and	-A
SAW MILL, BANK, etc	Kuora
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) annhaland	Other Contributory Causes of importance:
(State or country)	
ш 13. NAME	44 (14, 6, 14
13. NAME 14. BIRTHPLACE (city or town)	Name of operation A Date of Date of
(State or country)	What test confirmed diagnosis? Elan Was there an autopsy? Ma
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did Injury occur?
17. INFORMANT John Chromany	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION: OR REMOVAL	
Place St Linkes Cin/Date 12 - 6, 1936	Manner of Injury
9.4.0	Nature of injury.
19. UNDERTAKER ATMOSILM THE (Address)	24. Was disease or injury in any wey related to occupation of deceased?
7 5 36 A 1 Paksan	If so, specify (Signed) (Signed)
20. FILEDN J.C. 19 JO Registrar.	Pen (Address) Hamberla Des
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

17 INFORMANT Mamorial Hospital

18. BURIAL CREMATION, OR REMOVAL

19 UNDERTAKER (Address) Cumberland

If U. S. Veteran, specify WAR If nonresident give city or to MEDICAL CERTIFICATE OF DEA December 29 (Year) ERTIFY. That I attended deceased from _, 1920 __; death is seid to heve occurred on the date steted above, at \$2:05 nPM . The PRINCIPAL CAUSE OF DEATH end releted causes of importance Date of oriset What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external ceuses (VIOLENCE) filf in also the following: Accident, sulcide, or homicide? Date of Injury 19....... Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Natura of injury. 24. Wes disease or injury In any way related to occupation of deceesed? If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I	11		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of	onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	10N A 1937	19	15	Attack of epilepsy	1 week ago
Chronic interstitial nepl	hritis	19	21	Run over by street car	1 week ago
Cerebral hemorrhage	ME WILL V. D.	July 5	,1927	Peritonitis	3 days ago
	and the second second second second				
Other contributory ca	auses of importance:		11/4	Other contributory causes of importance:	
Gallstones		May 1	1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onsat 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1931	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

		STATE C	OF MARY	YLAND—	CERTIFICATE O	F DEATH	0100
1	. PLACE OF	DEATH!	2		(161-20)		5
	County	Tilla	m			Registration Dist. No	<u> </u>
	Village or C	ity Partur	mas		No	St.,	Ward
	Langth of cari	dance in for town where	double former		death occurred in a hospital or institution		
	rength of least	A more		1000	RASS		.11103
ľ	2. FULL NAI	ME TO	701	ruma	If U. S. Veteran, sp	ecity WAR	
	(a) Residen	ce: No.	(Usual place of	abode)	Ward.	If nonresident give city or town a	nd State
author:	PERSON	ALAND STATIST	ICAL PARTIC	CULARS	MEDICAL CER	RTIFICATE OF DEATH	
3.	SEX	4. COLOR OR MACE	5. SINGLE, MARK OR DVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH	Dec 3	193 6
1	If married, widow	vonuce	1 du	go		(Month) (Day)	(Year)
38.	HUSBAND of	ed, or divorced			22. I HEREBY	CERTIFY, That I attende	ed deceasad from
_	(01) 11112 01		10	22/	Dec (,19	36, to Pu 3	19. 7
6.	DATE OF BIRTH ((month, day, and year)	Vec /	-1936	I last saw has alive on	19 /0/ 19 3/	; death is sain
7.	AGE Yea	rs Months	Days	If LESS than 1 day,hrs.	to have occurred on the date statad a		
			1	ormin.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of importance	Date of onset
N	kind of w	ssion, or particular vork dona, as SPINNER,			11.		
OCCUPATION		BDOKKEEPER, etc business in which			grasmonni	do pr concelsions	pect
UP.	work was SAW MIL	business in which s done, as SILK MILL, .L, BANK, atc			Couse: Mot clean	3 frol co co '40	12
S		ad last worked at pation (month and	11. Total ti	me (years) It in this		Last in a congenital	. 10 LQL=
-		120	occu	pation	Dther Contributory Causes of imports	ince:	
12	. BIRTHPLACE (ci		wen	-go	1, 1		
~	(State or cour	gtry)		ina	Mymoun		
FATHER	13. NAME (K	u se	mag	an			
FAT	14. BIRTHPLACE		1 Cree	ek.	Name of operation	Date of	·
-		country)	60000	1101	What test confirmed diagnosis?		
MOTHER	15. MAIDEN NA	ME WINIS	Journa	4.0	23. If death was due to external cause		/Ing:
MOJ	16. BIRTHPLACE		INVIA	ng	Accident, suicide, or homicide?	Date of injury	19
(Stata or, country)				2	Where did injury occur?	(Specify city or town, county and S	
17	. INFORMANT _ (Address)	Parm	Late	mol	Specify whather injury occurred in I	NDUSTRY, IN HUME, OF IN PUBLIC	PLACE.
18	BURIAL, CREMA	IDN, OR RENOVAL	Do	9 2 31	Manner of Injury		
_	Place U.J	0 (50	Date O	AOOK	Nature of injury		**********
19	. UNDERTAKER .D	20.16	will	0	24. Was disease or injury in any way	related to occupation of deceased?	
-	(Address)	Lingby	n Villa	Lino	If so, specify	K1111.2.	
20	FILED /	1 1986//	JU IIII	My.	(Signed)	William Will	M. I
				Registrar.	(Address)	- was g	

19122

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July 5,1927	Peritonitis	3 days ago	
16 4 4000	Other contributory causes of importance:		
May 1,1923	Ciastroenteritis	1 year	
	1915	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12134
1. PLACE OF DEATH	(207-00)
County Allegany.	THATTOgistration Dist. No.
Village or City & som Lorland WITHIN	CORPORATE LIMIT registration Dist. No. CORPORATE WAY STATE St. 4 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME fredrick trame	If U. S. Veteran, specify WAR
(a) Residence: No. Purcullville Va (Usual place of abode)	Ward. Onscelled Val V If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, andiversed HUSBAND of (or) WIFE of	22. 19 HEREBY CERTIFY That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) San 5 1876	I last saw han alive on 12-3:3,19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 50 P.m.
50 11 28 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade profession or particular	Justine Skirl
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Trobed are
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Procellville Pas	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town)	Name of operation A
15. MAIDEN NAME 15. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, sulcide, or homicide Date of injury 19
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Champed frame (Address) Proceedingle Va.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place meellelle Par Date Dec 5, 1936	Manner of Injury Thur
19. UNDERTAKER domo Stein Inc.	24. Was disease or injury in any way related to occupation of deceased.
20. FILED Dec. 4-1936. Dr. J. P. Verankle	(Signed) (Address) Casan berland, M.D.
V	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		000	
Other contributory causes of importance:		Other contributory causes of importance.	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1.4	

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEAT	ГН			4
County All	gam	within co	DRPORATE LIMITS Registration Dist. No.	
Village or City lo	month	land.	No. 16.03 + St., death occurred in a horpital or institution, give its NAME instead of street in	6-3 Wa
Length of residence in cit	y or town where daat		ds. How long in U. S. if of foreign blrth? 6 0 yrs.	
2. FULL NAME	Ingn.	to trost	If U. S. Veteran, specify WAR	
(a) Residence: No /	16130 17	(Usual place of abode)	St., 6-3 Ward. If nonresident give city or town	and State
PERSONAL AN	D STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATI	Н
3. SEX, 4. COLO	R OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHER - 18	, 193
ia. It marriad, widowed, or divo	rcad	" I The standing	(Month) (Day)	(Yaar)
HUSBAND ot (or) WIFE ot	gust 4	rost	22. I HEREBY CERTIFY. That I attended to the state of the	dad Greensad I
DATE OF BIRTH (month, day	, and year) Se	12 29, 1856	I last saw h LV alive on Occ - 19	death is
. AGE Years	Months	Days If LESS than	to heve occurred on the date steted above, et. 3	
80	2	19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Detector
8. Trada, protassion, or pe	rticular 7	/ - /	attenoselerano	Date ot on
kind ot work done, SAWYER, BOOKKEE	PER, atc.	manne	mo sortitio	11/3
kind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, as S SAW MILL, BANK, e	which ILK MILL, atc.	of Home	Occabral Embalion	12/17
10. Dete dacased lest wor this occupetion (more year)	ked et nth end	11. Total time (yaars) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	1	any.	Other Contributory Causes ot Importence:	
13. NAME Charle	es L'inte	ork sae		
14. BIRTHPLACE (city or to		7	Name of operation Date	of
(State or country)	9	ermany.	What test confirmed diagnosis? Was thera	4/
15. MAIDEN NAME	roline &	mstropm	23. It death was due to external causes (VIOL ENCE) fill In also the folio	
15. MAIDEN NAME 16. BIRTHPLACE (city or to	well	100	Accident, suicide, or homicide? Date of injury	
(Steta or country)	WII)	Transmy -	Whare did injury occur?	
17. INFORMANT Ada (Address)	m Fr	rsh	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) C PLACE.
18. BURIAL CREMATION OR F	EMOVAL A	rand.	Manner of Injury	
1.14	ess Com	Date (100 71, 1936	Nature of injury	
19. UNDERTAKER A. Trus	Stein	9 me	24. Wes disaase or injury to any way related to occupation of deceased	, W
(Address)	Com	estand	It so, spacity	1
20. FILE D. C. 21,	19.36. DA	Registrar.	(Signed) (Address) 4 h / a all Cumberlau	a mill

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Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.	g		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1			

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY, WILE

MARGIN RESERVED FOR BINDING

V. 8. No. 1

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	

1. PLACE OF DEATH	9870
County Allegams:	LIMRESSitation Dist. No. 4
Village or City General :	WITHIN NGOPECLESTON About & 4 Ward
1-	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence la-city or town whatey daeth occurred	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME AMAY DRAGE	If U. S. Veteran, specify WAR
(a) Residence: No. 129N J 2 M (Usual place of abode)	2. St., 6-2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write tha	
5a. If marriad, widowed, or divorced	(month) (bay) (teal)
HUSBAND OF GOT Planty.	22. I HEREBY CERTIFY That I attended dacassed from 20, 1936 to 20, 19
6. DATE OF BIRTH (month, day, end year) Lec 20 183	I last sew her alive on Dec 20, 19 36, death is said
7. AGE Years Months Days If LES:	
57 - 1 1day,	I THE I KINCII AL CAUSE OF DEATH and Telated Causes of Illiportence
8. Trade, profession, or particular hind of work done as SPINNER	00
kind of work done, as SPI NNER, SAWYER, BOOKKEEPER, etc.	(brown myocardites 1935
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date dacaased last workad at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(Steta or country)	arterioscheroni 1934
13. NAME YEM, Jongan	
13. NAME // JAyden	Name of oparation
(Stata or country)	What test confirmad diegnosis? Wes there an autopsy?
15. MAIDEN NAME Ama // Mon	23. If daath was due to axternal causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME TONA MISSON 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT . Dany	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
	Mannar of Injury
9 14 0	necute of injury
19. UNDERTAKER Army Stern Forc	24. Was disease or injury In any way related to occupation of decaased?
(Address) 2 cmm/m/m/m.	If so, specify A C Remarks
20. FILEDO LC. 24,1936 Ar. J. P. Fran	(Signad) M. D. (Address) Cumberland md
If more blanks fre needed, address State.	Registrar, 241x N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related choses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis IAAL C 3007	1915	Attack of epilepsy	1 week ago
Combal beauty and the second of the second o	1921	Run over by street car	1 week ago
Cerebral hemorrhage RIPEAU V S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	224 (178-1712)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
202400000000000			

Registrar.

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car 1 week
Run over by street car 1 week
,1927 Peritonitis 3 days
Other contributory causes of importance: 1 year

Jo u	plno	000	
iten	sh	Jo	
WRITE PLAIMY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	1
D. E	SIC	tate	
COR	PHY	ct s	
RE		Exa	
NT	T	d.	
NE	CT	sife	
RM	XA	clas	
PE	田	rly	ate.
S. A.	ated	ope.	tific
SIS	st	i pr	cel
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NG	AG]	tha	ions
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CAI	I PI	DE	y in
3 Pl	shou	OF	TION is very important. See instructions on back of certificate.
RITI	on	SE	N is
-WF	nati	CAL	LIO.
I,		1	

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1213	8
1.	PLACE OF DEATH	GGE LIMITS.	1
	County / 1 County /	HIN CORPORATE LIMITS. Registration Dist. No. 4	L
	Village or City amberland	No. death occurred in a horpital or institution, give its NAME instead of street and number	(Ward
		ds. How long in U.S. if of foreign birth?yrsmos	
2.	FULL NAME Margrat Harris	If U. S. Veteran, specify WAR	
	(a) Residence: No. 22 Anderse (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State	e
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SE	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Day)	3 (Yeer)
	married, widowed, or divorced HUSBANO of (or) WIFE of Hongle & Zeans	22. I HEREBY CERTIFY, That I attended dece	CHATTI
	1000	10 - 0	19.2.9.
7. AG	ATE OF BIRTH (month, day, and yeer) Devs If LESS than	to heve occurred on the date steted above, et /Lindown,	eath is said
	43 3 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	ate of onset
LON	8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Chemina planela live	
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	<u> </u>	
000	10. Date deceased last worked at this occupation (month end spent in this occupation occupation		
12. B	IRTHPLACE (city or town)	Other Coutributory Causes of Importance:	
m 1	13. NAME Vavid Summingham	4	
FATHER	(State or country)	Name of operation Date of Swhat test confirmed diagnosis Courses Was there en euton	18/3 18/7
ER I	15. MAIDEN NAME Myssie Wagner	23. If deeth was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16, BIRTHPLACE (city or town) Pennelton (State or country)	Accident, suicide, or homicide? Dete of injury Where did injury occur?	, 19
17. 11	NFORMANT TOYLL 2 2 2 3	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. B	URIAL, CREMATION, OR REMOVAL Place Tope full tem Date Dec 7 193/	Menner of injury	
	Commercial de la la la la la la la la la la la la la	Nature of injury 24. Was disease or injury In any wey related to occupation of deceased?	ls.
19. 0	(Address) (universalized	If so, specify	
20. F	HEDLEC. 8, 19 36. Dr. J. J. Hrankl	(Address) (Address)	M. O
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I	1	Example II	
The principal cause of death and related eauses of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 6 1937			
Other contributory causes of importance:	1210 FEG.11.7.	Other contributory causes of importance:	
Gallstones W. 3.	May 1,1923	Gastroenteritis	1 year
			100000000000000000000000000000000000000

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12139
1. PLACE OF DEATH	(9°C)
County Allegary .	CORPORATE LAWSTATION Dist. No.
Village or City le romburland WI	No. 270 & Centre St. 2-1 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME BURN & Harsh J.	
	If U. S. Veteran, specify WAR
(a) Residence: No. WYO VI Limba (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Agran I a January	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mirela 8 - 1883	I lest sew here alive on Dec 2 9 19 75; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 2 m.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	Chrome My veardil
A National Control of Political Control of Political Control of Work done, as SPINNER, AMAYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this coveraging (month and the control of the	South Dato infersaly
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased lest worked at this occupation (month and year) spent in this occupation.	
12. BIRTHPLACE (city or town).	Other Contributory Couses of Importance:
(State or country)	4
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Neme of operation Date of
	What test confirmed diagnosis? Was there en autopsy?
H Men	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or/country)	Accident, suicide, or homicide?
17. INFORMANT LES HANSh; (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Islands Conf Date Jan 2, 1937	Neture of injury
19. UNDERTAKER Lomo Steeling 9 34.	24. Was disease or injury in eny way related to occupation of deceased?
20. FILEO Jan. 2, 1937. Ar. J. P. Franks	(Address) Company Land M. D.
4	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WIEFALL V. S.		/	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12140
1. PLACE OF DEATH	193-c)
County allegany	Outside Vision Dist. No.
Village or City Comberland . R/7 19.	Cital Carle Valley Po 3 = Ward
Length of residence in city of town where deet bloccurredyrs,mgs.	death occurred in a hospital or institution, give its DAME instead of street and number) ds, How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Salvina Unaleth Helm	stelles If U. S. Veteran, specify WAR.
(a) Residence: No. Carl Valley Rd	St Ward.
(Usual place of stode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC LARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OK DIVORCED (write tha word)	21. DATE OF DEATH Month 25 (Year)
5a. If married, widowed of divorced HUSBAND of (or) WIFE of Sur Helmateller	22. I HEREBY CERTIFY. That I attended decaased from, 19, to
6. DATE OF BIRTH (month, day, and year) Land 185.5	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at & Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca ware as follows:
8 Trade profession or particular	Date of one of
SAWYER, BOOKKEEPER, etc.	Chromis morardilis
9. Industry or business in which work was dona, as SILK MILL,	0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacassed last worked at this occupation (month and	
this occupation (month and spent in this occupation	***************************************
10 BIRTHEL ACT (silver hour)	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or coonly)	
13. NAME beler Rang	
14. BIRTHPLACE (city or town)	Name of operation Data of
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
State of Country)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Addysss) Carabaland Ind.	
18. BURIAL PREMOTION OR REMOVAL	Mannar of injury
Maco plece of mid anerge avec 39, 1936	Nature of injury
19. UNDERTAKER of origin Algin Lace	24. Was diseasa or injury in any way related to occupation of deceased?
(Addrass) Carley Land, Ind.	If so, spacify
20. FILED Stee. 28, 19 36 s. Ar. J. V. Frankling. Registrar.	(Signed) Fly Jouling Groves M.D. (Address) Curry Hol
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 6 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12141
1. PLACE OF DEATH	Outsido (92-a)
County Ollegon	City Limit Registration Dist. No. 4
Village or City day Sale, new Line	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Allen Herror	9 51- P
(a) Residence: No. La Vale, auch	hard land 1.0 done led
(Usual place of abode)	If nonresident a ve city or Jown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIPD, WIDOWED, OR DLYORCED (write the word)	21. DATE OF DEATH
Male White widowe	(Month) (Day) (Year)
HUSBAND of Many Herway	22. I HEREBY CERTIFY, That I attended deceased fro
(oi) wire oi	Que 22, 1926, to Dec 22, 1934
DATE OF BIRTH (month, day, and year) Jon. 28-1862	I last saw h and alive on Occ 2 2 , 19,26; death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
74 10 24 1day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of one
SAWYER, BOOKKEEPER, etc.	Roule Deletal 9 Du
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and second in this spent in this spent in this	har
SAW MILL, BANK, etc	12000
this occupation (month and spent in this occupation occupation	
BIDTINI ACT (situations) Manual (1)	Other Contributory Causes of Importance;
S. BIRTHPLACE (city or town) (State or country)	Degrandele chrone Durotone
13. NAME Contrad Herwig	Colemplet of mic
14. BIRTHPLACE (city or town) Sammanu	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Dorothy, Horn	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
INFORMANT George Shristness	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Long, Md.	
B. BURIAL, CREMATION, OR REMOVAL P. 25 3	Manner of injury
Place Marsa del la Date Date 19 0	Nature of injury
O. UNDERTAKER Of Tressler (Address) Hayors dale Pa,	24. Was disease or injury in any way related to occupation of deceased?
FILED Dec. 23, 1936 VDr. J. P. Franke	(Signed) School S. Manney M.
Registrar.	(Address) the 2 - co C - the

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstition nephritis N 6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.			1 - 1 - 1	
The stage determinant of the stage of the st				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN	Į

1. PLACE OF DEATH		(20)	1
County allegans		LIMI Registration Dist. No.	4
Village or City Bunke	land	Albert occurred in a hospital of institution give its NAME in lead of str	St. 4 War
Length of residence in city or town where	death occurred yrs WITH	Adath occurred in a hospital transitudion give its NAME in fead of strds. How long in U.S. if of oreign birth?yrs	
2. FULL NAME Arter	1 Lee Hickle	If U. S. Veteran, specify WAR.	
(a) Residence: No. 525	(Usual place of Mode)	St., 3 Ward. If nonresident give city or to	own and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEA	ATH
3. SEX 4. COLOR OR RACE Male 5a. If married, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH December 5, (Month) (Day)	, 193 (Year)
HUSBAND of (or) WIFE of		Dec. 2, 1936 to Dec. 5,	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 8. Trade, profession, or particular	Days 1929 1 LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 2:30 m. The PRINCIPAL CAUSE OF DEATH and related causes of Important were as follows:	19 36; death is sa M. Date of ones
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	11. Total time (years) spent in this occupation	General peritonitis.	Dec.
12. BIRTHPLACE (city or town).	terland	Other Centributory Causes of importance:	
(State or country) Make	triple	Ruptured appendix.	
14. BIRTHPLACE (city or town)(State or country)	md		here an autopsy? No
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	milles A Voe	23. If death was due to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide?	following:
17. INFORMANT LEMANS. 11. INFORMANT ARE REMOVAL 18. BURIAL CREMATION OR REMOVAL	eard mo	Specify whether injury occurred in INDUSTRY, in HOME, or in PU	BLIC PLACE.
Place St. Leter X O. a.	ulde Der 8., 1936	Manner of injury	
19. UNDERTAKE	in the	24. Was disease or injury in any way related to occupation of decea	ased?

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis IAN 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12143
1. PLACE OF DEATH	"I'a LIMITS.
County Allegary .	HIN CORPORATE Registration Dist. No.
Village or City Osanhulana	ND. Chlegary Arpetal St. 4 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME James Hulliam Iville	
(a) Residence (No. 934 And Ore	If U. S. Veteran, specify WAR
(Usual place of abode)	8t., 6 1 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OK DIVORCED (write the word)	21. DATE OF DEATH
me me manua	(Month) (Day) (Year)
5a. If merriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Class North	Dac. 5 1936 10 Dec 10 1936
6. DATE OF BIRTH (month, day, and year) May 14 1889	I last saw his lame elive on Toc. 10, 1936; death is said
7. AGE Years Months Days If LESS then	to heve occurred on the date stated above, at 1 1 3 im.
47 3 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade profession or particular	Date of onset
kind of york done, as SPINNER, hunthanh	Doorcho- neumona 12/7/
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
O 10 Date deceased last worked at	
this occupation (month end spent in this occupation yaar)	
12. BIRTHPLACE (city or town) Asken (Othar Coutributory Causes of importanca:
(State or country)	Duftuering 13/5/3
13. NAME James M. Itallean	10101
14. BIRTHPLACE (city or town)	Name of operation Agove Date of
(State or country)	What test confirmed diagnosis? hyp - Clam, Was there an eutopsy?
15. MAIDEN NAME Kose Samires	23. If daeth wes due to external ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Kose Samiles 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
∑ (State or country)	Where did Injury occur?
17. INFORMANT Clara N. Idilliany	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Anniholand) 18. BURIAL, CREMATION, OR REMOVAL	
Place Late 1920 Chambala dille 12.19.36	Manner of injury
(V) . ++ , ()	Natura of injury
19. UNDERTAKER Long Stem Tyc	24. Was disease or injury in env way related to occupation of decaased?
D 12. 21 N 0 07	If so, spacify (Signed)
20. FILED Registrar, 1926. N.V. J. V. Himms	(Signed) (Address) under the Wo
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	4	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis & ECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial pephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 6 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH			(3)
County_4	llegany	*****		Registration Dist. No. 2
Village or	City Flintstone	e Star	Route	No. St., Ward
Length of re	sidence In city or town where	deeth occurred5	(1i	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NA	ME Florence	M. Imes		
(a) Reside	nce: No. Green 1	Ridge, Md (Usual place	of abode)	St., Ward. If nontesident give city or town and State
PERSOI	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
female	4. COLOR OR RACE white	5. SINGLE, MAR OR DIVORCE Married	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Dec. 7 (Day) (Year)
5e. If merried, wido HUSBAND of (or) WIFE of	wed, or divorced Benjamin I	. Imes		22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH	(month, dey, end year)	et. 17, 1	910	i lest sew h alive on 19 : death is said
	ars Months	Days 20	If LESS than I dey,hrs.	to have occurred on the date steted above, at 4.30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profi	ession, or particular work done, as SPINNER,	Housewe	ormin.	were as follows: Tuberculosis Data of one at 2 yrs.
9. Industry or	R, BOOKKEEPER, etc business in which es done, es SILK MILL, LL, BANK, etc	110036 W	JI K	
- (1110 000	LL, BANK, etcsed last worked at upation (month end	SD3	ime (yeers) nt in this upation	
12. BIRTHPLACE (c	ity or town)Green	Bridge,		Other Contributory Causes of importance:
13. NAME	Holliday Morga			
13. NAME 14. BIRTHPLAC (State of	E (city or town) Green r country) Al le	Ridge.		Neme of operation Date of
15. MAIDEN N	AME Cora Bell G			What test confirmed diagnosis? Was there en eutopsy?
16. BIRTHPLAC	E (city or town) Gree			23. If death wes due to externel ceuses (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT(Address)	Mother & husba Flintstone.	nd		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMA	TION, OR REMOVAL		9,1936	Manner of Injury
19. UNDERTAKER(Address)	Artemas P	a		24. Wes disease or injury in any way related to occupation of deceased? NO If so, specify (Signed) So Couling Or ongs.
20. FILED WEC.	8, 1936D.	-Bennett	Registrar.	(Address) Cumberland Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		IS NO BUT WID	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN		
	(2) p. 1.4.	
	MACON TO SERVICE STATE OF THE	

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12145
1. PLACE OF DEATH	Registration Disk. No.
	Registration Disk No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred Amos	ds. How long in U.S. if of foreign birth?yrs,mosds,ds,ds,
2. FULL NAME (IdMSon X, Saaco	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Sward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurite the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Marguet Document	22. A I HEREBY CERTIFY. That I attended deceased from
(oi) wire oi	July 15 ,1936, 10 Leve 11 ,1936
6. DATE OF BIRTH (month, day, and yeer) sept 12, 1851	t las saw harra elive on Ale 10, 1936; deeth is said
7. AGE Years Months Days If LESS than 1 day,	to heve occurred on the dete steted above, at 1.2 m.
83 2 07 ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER	Termel Granelo. Delo
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	puemonia 193
work was done, as SILK MILL SO Marload	- J
0 10. Date deceased last worked at 11. Totel time (veers)	
this occupation (month and) 926 spent in this 43	
12. BIRTHPLACE (city or town) Cumberland	Other Contributory Causes of importance:
(State or country) Manyland	
II 13. NAME Wm Isaacs	
13. NAME Was Asabees 14. BIRTHPLACE (city or town) Cumbelland	Name of operation Dete of
(State of country)	Whet test confirmed diegnosis?
15. MAIDEN NAME . Autorowa 16. BIRTHPLACE (city or town) Muleurowa (State or country)	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
[16. BIRTHPLACE (city or town) Muleuw	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Leona Kintsen	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece World Will Dete New 14, 1936	Neture of injury
19. UNDERTAKER Just Rafen	24. Wes diseese or injury in eny wey releted to occupation of deceased?
(Address) (unlish and	If so, specify
20, FILED Ala. 14, 19 76. AV. J. V. Trankel Registrar.	(Signed) M. D. (Address) 122 Belline H.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	h	Example II	
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Chronic interstitial nephritis JAN 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroen teritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		1	
	very item	ANS she	nent of	1		
	CORD. E	PHYSICI	ct staten			-
3	ENT RE	TLY.	ed. Exa		3. :	SE
	ERMAN	EXAC	y classifi	te.	6.	D/AC
	IS A P	stated	properly	certifical	-	AC
	K-THIS	ould be	may be	back of	OCCUPATION	-
-	ING INF	AGE sh	o that it	tions on	200	B
	UNFAD	supplied.	in terms, s	TION is very important. See instructions on back of certificate.	MOTHER FATHER	
	LY, WIT	carefully	TH in pla	portant.	MOTHER	
	LAIL	nld b	DE	ry in	17.	1
	ITE P	ous no	SE OF	N is ve	18,	8
1)	BWR	mati	CAU	TIO	19.	
	7				20.	F

1. PLACE OF DEATH			(3)	
County_ Allegany			Registration Dist, No. 4	•
Village or City Cumberland	. Md	WITHIN C	SORPORATE LIMITS. Registration Dist. No. 4 No. Allegany Co Asylum St. If death occurred in a hospital or institution, give its NAME instead of street and in the street of the street and in the street and in the street of the street and in the street and in the street of the street and in the street and in the street of the street and in the street of the street	3-3 War
		yrsmos	sds. How long in U.S. if of foreign birth?yrsm	osd
2. FULL NAME Estella.	3.Judy		If U. S. Veteran, specify WAR	
(a) Residence: No. Cumberla			St., Ward.	
	(Usual place of	abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICA			MEDICAL CERTIFICATE OF DEATH	
		IED, WIDOWED, (write the word)	21. DATE OF DEATH /2 - 3/-	, 193 6 (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, Thet I attended	deceased from
De	c 20	1866		: death is sei
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Deys	If LESS then	to have occurred on the date stated above, at \D:300	2, 464(11 15 56)
70	11	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
8. Trade, profession, or perticular kind of work done, es SPINNER,			100	-
SAWYER, BOOKKEEPER, etc.	~		Strome reports	- 1
9. Industry or business in which work was done, as SILK MILL, At A SAW MILL, BANK, etc.	sylum.		The Vone My Oct Was	Cou
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, At A SAW MILL, BANK, etc. 10. Date deceesed lest worked at this occupation (month and year)	11. Total tim spent occup	ne (years) in this pation	arterio selevosio	Ruon
12. BIRTHPLACE (city or town)(State or country)		/d	Other Contributory Causes of importance:	-
# 13. NAME Elick. Judy			Sel Fine Courte	
T	Md		Neme of operation Dete of Dete of	
(Stete or country)			What test confirmed diegnosis? Here en	aulonev? Dr
ដ 15. MAIDEN NAME Ann .]	E. Thitr	ner	23. If death was due to external causes (VIOL ENCE) fill in elso the following	
15. MAIDEN NAME Ann. 1 16. BIRTHPLACE (city or town) (Stete or country)		Md	Accident, suicide, or homicide? Dete of injury Where did injury occur?	•
17. INFORMANT Mrs John . H. (Address) Cumberl			(Specify city or town, county and States Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) ACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury	
Place Rose Hill Cem	Date Jan	2.4957	Nature of injury	
19. UNDERTAKER John . C . Wolford			24. Wes disease or injury in eny wey related to occupation of deceesed?	no
(Address) Cumberl	and. Mo	1	If so, specify	
20. FILEDJan. 2 1937. Dr.)	.P.J.	ranke.	(Signed) . William	M.
20. 112. 1		Registrar.	(Address) Luweyland	m

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows: LIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neparitis JAN 6 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			40.

Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. 'H UNFADING INK--THIS IS A PERMANE MARGIN RESERVED FOR BINDING NLY, WRITE P

S No. 1

1PLACE_OF, DEATH	STATE OF MARYLAND
alle agrasal	CERTIFICATE OF DEATH
1 County C/XC//V/V	
WITHIN CORPORA	Registration Dist. No.
Village or City Pracounty (No	St.: Ward) (If d-ath occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale Affaite Single, MARRIED, WIDOWED. OR DIVORCED (Write the word) Sworced	(Month) We (Day) 2-3 (Year) 17 1 HEREBY CERTIFY, That 1 attended the deceased from
Dec 29, 1851	that I last saw her alive on Duc. 23 , 1936,
10,000	and that death occurred on the date stated above, at 2 450, m.
7 AGE If LESS than I day hrs.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) On anyland	Contributory Secondary (Duration)yrsds.
10 NAME OF S. F. All Lewise	(Signed) Hury h.) todgen M. D. Nu. 25 1986 (Address) Language md.
11 BIRTHPLACE OF FATHER (State or country) Manyland	*State the lisease Causing Death, or, In deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homleidal.
OF MOTHER Mary Martha alexande	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manufaud	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of des h?
(Address) Fracting Mis.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Dah) 1/1/ Constant Dec. 26, 1936
15 Filed Dec. 20 136 Dr. E. On Tylon Registra	20 UNDERTAKER, ADDRESS LANGUNING, M.
If more banks are needed, address that wegistra	ir, 16 W. Saratoga St., Baito., Lequesting V. S. I.d. 1

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopasumonia ("Pneumonia,")

American Medical Association.) approved 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need not be st-ted unless important. Example: Measles (disease st_ted unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as by Committee on Chronicetc. The contributory valvular heart Nomenclature disease;

If this certificate is looked over thoroughly and all qu stions and sweeted in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is formanguity filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Langth of residence in city or town where death occurred in city or town where death	How long in U.S. if of foreign birth?
(a) Residence: No. Cumberland. Md (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DtVORCED (white the word) Maried 5. If married, widowed, or divorced HUSBAND of (or) Wife of Maggie Kefer 6. DATE OF BIRTH (month, day, and year) Months Days I LESS than to have occur The PRINCIP	Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH OF DEATH (Month) (Day) I HEREBY CERTIFY, That i attanded decaased fro
(a) Residence: No. Cumberland. Md (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DtVORCED (white the word) Maried 5. If married, widowed, or divorced HUSBAND of (or) Wife of Maggie Kefer 6. DATE OF BIRTH (month, day, and year) Months Days I LESS than to have occur The PRINCIP	Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH OF DEATH (Month) (Day) I HEREBY CERTIFY, That i attanded decaased fro
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DtVORCED (write the word) Maried 5. If married, widowed, or divorced HUSBAND of (or) Wife of Maggie Kefer 6. DATE OF BIRTH (month, day, and year) Local Maggie Kefer 7. AGE Years Months Days if LESS than to have occur The PRINCIP	OF DEATH (Month) (Dat) (Pair) I HEREBY CERTIFY, That i attended decaased fro
Male White OR DtVORCED (write the word) Maried 5. If married, widowed, or divorced HUSBAND of (or) Wife of Maggie Kefer 6. DATE OF BIRTH (month, day, and year) LESS than 1 day,	(Month) (Da) (Yaar) I HEREBY CERTIFY, That i attended decaased fro
HUSBAND of (or) Wife of Maggie Kefer 6. DATE OF BIRTH (month, day, and year) Months Days If LESS than to have occur The PRINCIP	I HEREBY CERTIFY, That I attanded decaased fro
7. AGE Years Months Days If LESS than to have occur 1 day,hrs. The PRINCIP	1936, to 1,1936, death is sa
8. Trade, profession, or particular	red on the date stated above, et. 4:30 h. AL CAUSE OF DEATH and related causes of Importance
kind of work doná, as SPINNER, SAWYER, BOOKKEEPER, etc	torioschosio lun
year) occupation	butory Causes of Importance:
13. NAME Unknown	
(State or soundsu)	firmed diegnosis? The target was there an autopsy? We
	as due to externel causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Unknown Accident, suice (State or country)	cide, or homicide?, 19, 19, 19, 19, 19
Sunt Allowanis Co Assalson	(Specify city or town, county and State) ner injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
Placa County Cem. Date Dec 19,11936 Nature of Inju	jury
John . C. Wolford 19. UNDERTAKER CUMBERIAND Md 24. Was diseas If so, specify	se or Injury in any way related to occupation of deceased?
20. FILED Dec. 19, 1936. Av. J. P. Frankling (Signed) Registrar.	PT-T. DIXOL DALL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A DESCRIPTION OF THE REAL PROPERTY.			

plain

DEATH

OF

CAUSE mation

LION

important in

efully

pe

pluods

FATHER 14. BIRTHPLACE (city of town). (Stete or country)

15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (city or town)

17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL

(State or country)

19. UNDERLARER

If so, specify

Menner of injury

Neture of injury

Name of operation....

Where dld Injury occur?_

What test confirmed diegnosis?____

24. Wes diseese or injury in eny way related to occupation of deceased?

23. If death wes due to external causes (VIOL ENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

(Signed) Gumber (Addrass) ...

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Chronic interstitial nathritis JAN 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	5	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis .	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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Example I	i	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 6 1937			
Other contributory causes of importance: 8.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CTATE OF MADVIAND CEDTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	ide of
County Allegary Out	Registration Dist. No.
Village or City Cordi adusulle oit	V No. Str Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME Jaa Ugnes Me	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	M. C. Warte
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write tha word)	20 193 6
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Corp WIFE of Tred Klein	22. I HEREBY CERTIFY. That f attended dacaasad from
0 -0 :019	Dec 16,136,10 Dec 20, 1936
6. DATE OF BIRTH (month, day, and year) lug. 29 1868	I last saw h_ aliva on aliva on 1936_; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	and belalding
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation development and	Kent O breio,
work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (nonth and year) 11. Total time (years) spant in this occupation	By wester indigestions quiston a son writing in
0 4 00 00	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	Cech Judegood 4de
# 13. NAME Wesley Cliver Doll Jough	Duration: three days.
14. BIRTHPLACE (city or town) Lucinal A	
(State or country)	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elise. Slider	23. If daath wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
(State or country)	Where did injury occur?
17 INFORMANT Wesley Klein	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Corregansville	•
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pleca Dresmoon Date Dec 24,792	Nature of injury
19 UNDERTAKER Socol Holow	24. Wes disease or injury in any way related to occupation of daceased?
(Addrass)	If so, specify
1 26 As 1 Day	(Signad) Hellow Sterm

PHYSICIANS should state

Exact statement of OCCUPA-

Every item of infor-

IS A PERMANENT RECORD.

TARGIN RESERVED FOR BINDING

UNFADING INK-THIS

AGE should be

be

stated EXACTLY. properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address) 4/5

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11	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

WRITE

16. BIRTHPLACE (city or town) (Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

19. UNOERTAKER (Address)

LINESOL

should state

OCCUPA.

of

	-CERTIFICATE OF DEATH 12153
1. PLACE OF DEATH	82-21
Village or City Jumber Land WITHIN	CORPORATE LIMITS. Registration Dist. No. No. No. St. 6-2 Ward (If death occurred in a hospital or institution, give its NAME instead of attest and number)
	osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME John a Knapp	If U. S. Veteran, specify WAR
(a) Residence: No. 1015 Lings Willey (Usual place of abode)	₹.,6-2 Ward. If nonresident give city or town and Siste
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (avrite the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Clypabeth Mapp	222 I HEREBY CERTIFY, That I attended deceased from 19 1, 19 1, 10 1, 19 1
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Devs If LESS than	I last saw h alive on 19 ; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs ormln.	to have occurred on the date steted above, at \$\(\textit{M} \)m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arterio relevano abant
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and	1939
O 10. Date deceased lest worked at this occupation (month and year)	5)
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Thekanin	- Party Die
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Thukmow	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?____

Where did injury occur? ...

Menner of injury

Nature of injury.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 6 1037	July 5,1927	Peritonitis	3 days ago
	BUNEAU V. S.			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

V S. No. 1

V	STATE OF MARYLAND—	CERTIFICATE OF DEATH	ż
1	1. PLACE OF DEATH	(3)	
V	County allegans	Registration Dist. No.	
	Village or City Throathing md,	No. miners Hospitars	/ard
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth?	4.
	TON III	11 .10	05.
	Character of P. T.	raphili b. S. Veteran, specify WAR Aframish Chan	uc
	(a) Residence: No. 7 YNACOMMY - Market as (Usyal place of abode)	St, Ward. If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR KACE 5./SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OLD . 26th	
1/2	Male Stute Gradover	(Month) (Dey) (Yeer)
56	HUSBAND ot	22. 1 HEREBY CERTIFY, Thet I attended deceased	from
_	(Or) WAFE OF China Wilson	Dec. 6th 1936 to Dec. 260 193	6
6.	DATE OF BIRTH (month, day, end yeer) \(\an \) 7 (8/3.	I lest saw hause elive on Dec. 26th 1936; death is	said
7.	AGE Yeers Months Days It LESS than	to heve occurred on the date steted above, at 12.30Am.	
_	63 1/ 19 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:	
NO	8. Trede, protession, or particular kind of work done, es SPINNER, SAWYER, BOUKKEPFER, atc.	Chinic rephiles on	
F	SANTER, BUDNIECTER, atc.	- leu	7
CUPA	work was done, as SILK MILL, Allase of also.		-
000	10. Dete deceased last worked et 11. Total time (yeers)		
_	this occupation (month and yaer) - Colored for 1932 spent in this 2 year)	Other Contributory Causes of Importence:	
12	BIRTHPLACE (city or town) TONOLIGINA	Vrussus 12/6/.	36
~	(Stata or country) Transland		
HEF			
FAT	14. BIRTHPLACE (city or town) INTERNATION	Name of operation Date of	
-	(State of country)	What test confirmed diegnosis? Wes there en eutopsy?	
THER	15. MAIDEN/NAME Jusephing geal	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following:	
MOT	16. BIRTHPLACE (city or town) / Jallantost	Accident, sulcide, or homicide?	
	0/1	(Specify city or town, county and State) Specity whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
17	(Address) Renaryman III	Specify whather injury occurred in thousand, in nome, of in rubble FLACE.	
18	B. BURIAL, CREMATION, DR REMOVAL	Manner of injury	
_	Piece Stell Myd Cerulley Date Decape 8, 1936	Nature of injury	
15	UNDERTAKER M. Cichhow	24. Was disease or injury in any way related to occupation of deceased?	
	(Address) garacing, Mo	It so, specify	
21	1. FILED 12 -28, 19 36 W. a. R. Mcelly	(Signed).	M. D.
	V Registrar.	(Address) / / / / / / / / / / / / / / / / / /	
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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9.—The industry or business in which the work was done.

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Ses Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1037	July 5,1927	Peritonitis	3 days ago	
I Supplied V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

certificate.

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH ALLEGANY COUNTY County CUMBERLAND. MARYLAN Village or City Length of residence in city or town where death occurred.... GEORGE L. KNOTTS 2. FULL NAME

		PORRATE	LIMITS.
H.T.I.W.	IN C	ORPORATE	Registratio
D	No	MEMORIAL	HOSPIT
(If dea	th occur	red in a hospital or institu	tion give its NA

21. DATE OF DEATH

gistration Dist. No. 3PTTAT

e its NAME instead of street and number) vrs. ____mos. _ 2 __ds. How long in U.S. if of foreign birth? _____yrs. ____mos. ____ds.

MEDICAL CERTIFICATE OF DEATH

If U. S. Veteran, specify WAR

Crellin. Ward.

If nonresident give city or town and State

HEREBY CERTIFY. Thet I attended deceesed from

CRELLIN. MARYLAND (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) MALE WHITE MARRIED 5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of MARGARET SHAFFER

JULY 24. 1883 6. DATE OF BIRTH (month, day, end yeer) 7. AGE If LESS than Years 1 day,hrs. 53 or min.

8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc......

10. Data deceesed last worked at

11. Totel time (years)
spent in this this occupation (month and occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER PETER KNOTTS 13. NAME 14. BIRTHPLACE (city or town) WEST VIRGINI (State or country)

MOTHER KNAPP 15. MAIOEN NAME

16. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)

HOSPITAL 17. INFORMANT ... (Address) 18. BURIAL, CREMATION, OR REMOVAL.

Registrar.

The PRINCIPAL CAUSE OF DEATH and releted causes of Importance Was in the hospital only 48 hours.

to heve occurred on the date stated above, at _ 6 : 12 mP . M.

Other Contributory Causes of importance: Massing cellulates of left chest-wall Blood cultise was unsatisfactoring

What test confirmed diagnosis? Was there an autopsyl

23. If deeth was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury______ 19_____

Where did injury occur?___ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Neture of Injury. 24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed)

(Address)

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Manner of Injury

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
JAN 6 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			Technical I	

V. S. No. 1

1	L PLACE OF DEA		1 1/1/(1)	WITHIN CO	PORATE	LIMITS	DEATH		
	County All	egany		THIN CO	OKPOIN	٧	Registration Dist. N	10. 4	
	Village or CityC	umberlar	nd Md.			211 0211 0 10 10 00 0	L Hospita		-/ Ward
	Length of residence in ci	itu ar tawa where d	anth annual	(1)	death occurred in a	hospital or institution,	give its NAME instead	of street and	number)
	0	TAO Lat	eath occurred					rsm	osds.
-	. FULL NAME	AOC TI	Nang	ham (Foe	1/	U. S. Veteran, spe	ecify WAR		
	(a) Residence: No	405 Li	den St. (Usual place		st., 4	_Ward.	If nonresident give city	y or town and	State
	PERSONAL AN	D STATISTI	CAL PARTI	CULARS	M	IEDICAL CER	TIFICATE OF	DEATH	
3.		r or race hite		RIED, WIDOWED, D (write the word)	21. DATE 0	Decem		Day)	, 193 6 (Year)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of	rcad			22.	HEREBY	ERTIFY, The	100	
6	DATE OF BIRTH (month, da	u and uncel	Dec. 14	1, 1936	Liet saw h	10	de, to les	10 3/	, 19
_	AGE Years	Months	Days	If LESS than	to have occurred	on the date stated at	ove, at 1:32 A		.; death is said
	(Foetus)			1 day,hrs.	The PRINCIPAL		nd ralated causes of im		
NO	8. Trade, profassion, or pa kind of work done, SAWYER, BOOKKEE	es SPINNER.		i orazazanini.	were as follows:	tortic	9-2-		Data of onset
OCCUPATION	9. Industry or business In	which	• • • • • • • • • • • • • • • • • • • •						
CC	work was done, as S SAW MILL, BANK,	etc							
00	10. Date deceased last wor this occupation (mo		spar	ma (years) nt in this					
-	year)		OCCU	pation	Other Cantribute	ry Causes of Importan	ice:		-
12.	BIRTHPLACE (city or town) (State or country)	Mary.	land						
04	1	rles G.		n					
FATHER			Dangnan	ш	1				
FA	14. BIRTHPLACE (city or to (State or country)	wn)Wary.	land						
ER	15. MAIDEN NAME	Ruth Po					\		
MOTHER	16. BIRTHPLACE (city or to						(VIOLENCE) fill in also		
Σ	(State or country)	Mar	ylan d		Where did injury			,,	,
17.	INFORMANT Memor	ial Hosp			Specify whether i	injury occurred in IN	Specify city or town, on DUSTRY, in HOME, or i	ounty and State in PUBLIC PL	e) ACE.
18.	BURIAL, CREMATION, OR		. 0	115 31	Manner of injury			************	
	PlaceMemon	Mosp	C.Data Dec	, 14,1936	Nature of Injury_				
19.	UNDERTAKER THE (Addrass)	noria	& No	apt.		r injury in any wey re	elatad to occupation of	deceasad?	
	Sur Dec 711	36	a CP	Tinas Co	(Signad)	1	's Run	webs	3- M.D
20.	FILED/NAMES (19. 201	U-X-V	Registrar.	(Addi	7	8 Centr	e W.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
BUREAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH WITHIN CORPORATE County Registration Dist. No. Village or City (If death occurred as a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred. ds How long In U.S. if of foreign birth?_____yrs.____mos.____ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. Thet I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dev. and. 7. AGE Year: Months Devs If LESS then to heve occurred on the dete stated above, at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH end related causes of importence or min. were es follows: Data of onset 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased lest worked at 11. Total time (yeers) this occupation (month end spent In this occupation ____ (State or country) HER 13. NAME FAT Name of operation ... 14. BIRTHPLACE (city or town) (Stete or country) What test confirmed diegnosis? Wes there en europsy? MOTHER 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Dete of Injury____ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Neture of Injury. 24. Was disease or Injury in any wey releted to occupation of deceased?. 19. UNDERTAKER (Address) If so, specify

Ward

Registrar.

(Signed)

(Address)

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a RIWEAU V. S.	-		0 19	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year .	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(a)
County Allegany	CORPORATE LIMITS. Registration Dist. No. 4
Village or City Cumberland. Md WITHIN	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stillborn Lan	If U. S. Veteran, specify WAR
(a) Residence: No. Cumberland. Md.Route 2	₩ = Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male White OR DIVORCED (write tha word)	Dec 5.1300
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	2 HAREBY CERTIFY That I attended decaased from
6 DATE OF BIPTH (month day and year) Dec. 2. 1936	Hecember A 1936, to Lee 1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the dete steted ebove, etm.
Stellborn 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Stollbarne Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(Three Month Joels) 12-203
9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPtNNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) occupation	
Md	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
# 13. NAME William Virgil Layman	
H 13. NAME William Virgil Layman 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of Date of What test confirmed diegnosis?
# 15. MAIDEN NAME Pearl.Lavender	23. If death was due to external causes VIOLENCE) fill in also tha following:
15. MAIDEN NAME Pearl. Lavender 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT William. V. Layman. (Address) Cumberland. Md Rout 2.	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
mt. you cem Date Date 19	Nature of injury
19. UNDERTAKER John.C. Wolford Cumberland Md	24. Was disease or Injury in any way related to occupation of deceased? If so, spacify
20. FILED DEC. H., 19 26. AN. J. V. Frankle Registrat.	(Signed) and Some Address) Carried Plane
If more blanks are needed, address State Registrar,	2411 N. Charles Sweet, Baltimore, Requesting U.S. No. 1.

46470

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
D1921	Run over by street car	1 week ago
July 5 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
111111111111111111111111111111111111111		
	19 (5 D1921 July \$ 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Disti Run over by street car July 5 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	0 102	
County allegany with GUBTS	Registration Dist. No.	
Village or City Landraumy med	NoSt.,	Ward
	If death occurred in a hospital or institution, give its NAME instead of street and nustriesds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAME Trank Lee	If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of plode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DORRECT Street of the word) Wale 4. COLOR OR RACE OR DORRECT Street of the word)	21. DATE OF DEATH Que. 9 th	193 6 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended d	
(d) WIE di Chilla	Dec. 8 an , 1936, 10 socc. 9 th	19.3.6
6. DATE OF BIRTH (month, day, and year) Nov. 14, 1936	I last saw h. Lt. alive on Bec. 8 07 ,1936.	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
2 4 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specified in this second	aculé Bimbits	Q4.5.0
9. Industry or business In which work was done, as SILK MILL,		
SAW MILL, BANK, etc		
- I this occupation (month one spont in this		
yaar) occupation occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) M. any land	Brulio pulimine	ALL 436
13. NAME Aumes Lee		
13. NAME Jumes del 14. BIRTHERACE (city or town) Mary land	Nama of operation	
(State or country)	What test confirmed diagnosis? Was there an au	
15. MAIDEN NAME Ethel Myers	23. If death was due to external causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAME Ethel Myers 16. BIRTHPLACE (city or town) Lauraconing (State or country)	Accident, suicide, or homicide? Data of injury	
E (State or country)	Where did injury occur?	
17, INFORMANT Jugues Lel	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
18. BURNAL, CREMATION, OR REMOVAL	Manner of injury	
Lowerel Hill Country Date Dec 11 1936	Nature of injury	
M Eill was	24. Was disaase or injury in any way related to occupation of deceased?	
19. UNDERTAKER My Clash one	If so, specify	
2011 21 N 5 86 50	(Signed) M. M. Druss	M. D.
20. FILED Registrar.	(Address) Midland · md	

V. S. No. 1

state

item of infor-

Exact statement of OCCUPA-

stated EXACTLY. PHYSICIANS should

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

PERMANENT RE

FOR BINDING

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis JAN 1 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	3 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

TION is very important. See instructions on back of certificate.

Length of residence in city or town where deeth occurred yrs mos ds. How long in U. S. If of foreign birth? Yrs mos ds. How long in U. S. If of foreign birth? Yrs mos ds. How long in U. S. If of foreign birth?	STATE OF MARY	LAND-	CERTIFICATE O	PATH	16100
Village or City What was death occurred in short or institution, are in NAME intered of sured anumber) Length of residence in city or town where death occurred in your was death occurred in short or institution, are in NAME intered of sured anumber) A Residence: No. 2	1. PLACE OF DEATH		- OPPORATE LIN	N	,
Village or City What was death occurred in short or institution, are in NAME intered of sured anumber) Length of residence in city or town where death occurred in your was death occurred in short or institution, are in NAME intered of sured anumber) A Residence: No. 2	County / Lelynn	- ANIT	HIN CONT	Registration Dist. No.	4
Length of residence in city or town where deeth occurred. 2. FULL NAME AMME ACOLOR OF RACE S. II MARTIELLA FARTICULARS S. II married, widowed, op-prioread (IUS AND STATISTICAL FARTICULARS) S. II married, widowed, op-prioread (IUS NOTE) AMME A	Village or City who wellow	W.	No. 6 47. 102		t. H Ward
2. FULL NAME (a) Residence: No. 204 (Charle) lace of shock of the control of the					et and number)
(a) Residence: No. 2 Of Augustan St., 4 Ward. Counting the continued of the counting the country of the coun	mariat.	yrsmay	ds. How long in U.S. If of for	eign birth?yrs	ds
PERSONAL AND STATSTICAL PARTICULARS J. SEX J. COLOR OF RACE S. SINGLE, MARRIED, WIDWED, OR DIVENCED (entre the word) J. DATE OF DEATH J. S. LI HERE BY CERTIFY That I attended decessed from 1934. In the particular of the date stated above, at J. J. J. J. J. J. J. J. J. J. J. J. J.	2. FULL NAME / (COVAY WIRAL)	elle to	If U. S. Veteran, spe	cify WAR	
3. SEX. L. 4. COLOR OF RACE White Or DEVERORS (which he word) White of White Or DEVERORS (which he word) (Day) (Year) 55. If married, videwed, or pivorced (Cr) wife to White Or Developed (Cr) wife to White Or Developed (Cr) wife of White Or Developed (C	(Usual place of		St., Ward.	If nonresident give city or tov	vn and State
So. It married, widowed, or pivorced Warner of HUSAND (Month) (Day) (Solution of HUSAND (Month)) (Day) (Solution of HUSAND (Month)) (Month) (Day) (Month) (Mon		ULARS	MEDICAL CER	TIFICATE OF DEA	ТН
5. If married, vidowed, or divorced - HUSBAND of Cort WIFE of Cort WIF	Transale Intait OR DIVORCED	(write the word)	0	Oce 21	, 193 6
6. DATE OF BIRTH (month, day, end year) 21, 833 7. AGE Years Months Days If LESS than 1 day,hrs.	5a. If married, widowed, or divorced -			(50)	(1001)
5. DATE OF BIRTH (month, day, end year) NOV 21, 8 3 11st saw h slive on 1936, death is said to have occurred on the date stated above, at 7 4 3 m. 1 day	(or) WIFE of Daniel S. No		22. AI HEREBY C	ERTIFY That I at	1 371
7. AGE Years Months Days If LESS than I day. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Trade, profession, or particular with a procession of the p	C DATE OF BIRTH (mostly down and mostly 21	1852	I last saw h ~ slive on 49	- 70	36
Strade profession, or particular kind of work done, as SPINNER, Jourse dully Strade profession, or particular kind of work done, as SPINNER, Jourse dully Strade profession, or particular kind of work done, as SPINNER, Jourse dully Strade profession, or particular kind of work done, as SPINNER, Jourse dully Strade profession, or particular kind of work done, as SPINNER, Jourse dully Strade profession, or particular kind of work done, as SPINNER, Jourse dully Strade profession, or particular kind of work done, as SPINNER, Jourse dully Strade profession, or particular kind of work done, as SPINNER, Jourse dully Strade profession, or particular kind of work done, as SPINNER, Jourse dully Strade profession, or particular kind of work done, as SPINNER, Jourse dully Strade profession, or particular kind of work done, as SPINNER, Jourse dully Strade profession, or particular kind of work done, as SPINNER, Jourse dully Strade profession, or particular kind of work done, as SPINNER, Jourse dully Strade profession, or particular kind of work done, as SPINNER, Jourse dully Strade profession,		If LESS than		745	death is said
8. Trade, profession, or particular kind of work done as SPINNER. House duty SAWYER, BOOKKEPPE, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPPE, etc. 10. Date deceased last worked at his occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town). What Ladd 13. NAME Low Ambiend 14. BIRTHPLACE (city or town). Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town). Was there an autopsy? 17. INFORMANT Ambiend 18. BURTHPLACE (city or town). Stele or country) 17. INFORMANT Ambiend 18. BURTHPLACE (city or town). Was there an autopsy? 19. Understaker. Specify city or town, county and State). Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 19. Understaker. Address) Ambiend 19. Understaker. Address Ambiend 19. Understaker. Ambiend 19. Understaker. Ambiend 19. Understaker. Ambiend 19. Understaker. Ambiend 19. Understaker. Ambiend 19. Understaker. Ambiend 19. Understaker. Ambiend 19. Understaker. Ambiend 19. Understaker. Ambiend 19. Understaker. Ambiend 19. Understaker. Ambiend 19. Understaker. Ambiend 19. Understaker. Ambiend 19. Understaker. Ambiend 19. Understaker. Ambiend 19. Understa	73 / -	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH at		e
Solution Solution	8 Trade profession or particular	ormin.	were as follows:	in Come	Date of onset
Solution Solution	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	duly			Demoj
12. BIRTHPLACE (city or town). 13. NAME New Name Name Name Name Name Name Name Name	9. Industry or business in which	, /			-18-3
12. BIRTHPLACE (city or town). 13. NAME New Name Name Name Name Name Name Name Name	SAW MILL, BANK, etc.				
Other Contributory Causes of importance: Other Contributory Causes of i	Shall shall	in this		· · · · · · · · · · · · · · · · · · ·	
13. NAME POLVI AMBERAR 14. BIRTHPLACE (city or town) Date of What test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) Down Nove Name of operation Date of injury occur? 17. INFORMANT Nov Marker Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION OR REMOVAL Place Date Date Date Date Date Date Date Dat	year) occupa	ition	Other Contributory Causes of important	ce:	
13. NAME 14. BIRTHPLACE (city or town) 20		no	1	J	
14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL Place 18. BURIAL, CREMATION OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILE 14. BIRTHPLACE (city or town) (State or country) Name of operation What test confirmed diagnosis? Was there an autopsy? 23. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER CAUTURE 24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. E (Address) M. E (Address) M. E (Address)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	79	(mon is N.	approx-	7400
What test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place (Address) (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILEE 20. FILEE 21. MAIOEN NAME What test confirmed diagnosis? Was there an autopsy? 22. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER (Address) 19. Wes disease or injury In any way related to occupation of deceased? If so, specify (Signed) M. I. Registrar. (Address)	13. NAME Leve Imkea	d			
What test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place (Address) (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILEE 20. FILEE 21. MAIOEN NAME What test confirmed diagnosis? Was there an autopsy? 22. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER (Address) 19. Wes disease or injury In any way related to occupation of deceased? If so, specify (Signed) M. I. Registrar. (Address)	4 14. BIRTHPLACE (city or town)	24-7x-7	Name of operation	Da	te of
Where did Injury occur? 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILE 10. FILE 10. Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Manner of Injury Nature of injury 24. Wes disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Signed) (Address) (Address)	(State of country)	1	What test confirmed diagnosis?	Was the	re an autopsy?
Where did Injury occur? 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILE 10. FILE 10. Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Manner of Injury Nature of injury 24. Wes disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Signed) (Address) (Address)	15. MAIOEN NAME	res	23. If death wes due to external causes	(VIOLENCE) fill in also the fo	llowing:
Where did Injury occur? 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILE 10. FILE 10. Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Manner of Injury Nature of injury 24. Wes disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Signed) (Address) (Address)	6 16. BIRTHPLACE (city or town)	word	Accident, suicide, or homicide?	Date of injury	, 19
17. INFORMANT (Address) 6 2 9. Commost Cuty 18. BURIAL, CREMATION OR REMOVAL Place of Low Oete Oes 24, 1936 19. UNDERTAKER (Address) 24. Wes disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) (Signed) (Signed) M. I. 20. FILE	(Stete or country)			C	10
18. BURIAL, CREMATION OR REMOVAL Place of Logic Place 24, 1934 19. UNDERTAKER (Address) 24. Wes disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address) (Address)	17. INFORMANT / WO / = JUNGO	age	Specify whether injury occurred in INC	DUSTRY, in HOME, or in PUBI	IC PLACE.
Place It Sukes (en oete 2002 21,1936 Nature of injury 19. UNDERTAKER (Address) 24. Wes disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address) (Address)		city			
19. UNDERTAKER S. OSutley 24. Wes disease or injury In any way related to occupation of deceased? (Address) If so, specify (Signed) (Signed) M. I. Registrar. (Address) (Address) (Address) (Address) (Address)	1x 10 ho 1/2 //20	24.51	Manner of Injury	•••••••••••••••••••••••••••••••••••••••	
(Address) Convertion My If so, specify 20. FILE Place 23, 19 36 Dr. J. P. Frank (Signed) (Signed) M. [Registrar. (Address) Consultation Fine State (Address)	Prace of 1 oele of the oele of the oele of the oele of the oele of the oele of the oele of the oele of the oele of the oele of the oele of the oele of the oele of the oele oele oele oele oele oele oele oe	44	Nature of injury		
20. FILE Place 23, 19 36. Dr. J. P. Franken (Signed) I was H. f. and M. [Registrar. (Address) Course Turn Will		ma		elated to occupation of decease	ed?
	20. FILE Dec. 23, 19 36. Dr. J. P. =	A Registrar	(Signed)	weby Tund) wit M. C
	If more blanks are needed, add		9	In T) S. No	

19160

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage IAN 8 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS Exact statement A PERMANENT EXACTL classified. properly stated UNFADING INK-THIS plnous it may that CAUSE OF DEATH in plain terms, so mation should be carefully supplied.

certificate.

See instructions on back

TION is very important.

17. INFORMANT (Address)

19. UNDERTAKER (Address)

20. FILED.

-WRITE PLAI

B.

should state Every item of inforof OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 12161
1. PLACE OF DEATH	952
County allegoney	Registration Dist. No.
Village or City Mostrow	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
24.	1
2. FULL NAME Thorase May Mar	Chew ST U. S. Veteran, specify WAR
(a) Residence: No. 24 02 10 W M M (Usual place of Abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Tempel Tempel Title T	21. DATE OF DEATH / / / 193 (Month) (Day) (Year)
HUSBAND of William Mathews	22. I HEREBY CERT1FY, Thet I attended dacased from, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Colf 23,1887	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 12 P. m.
49 3 /9 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance wera es follows: Probably Hearttrouble Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	
A Hade profession, or particular, or particular with a find of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and spent in this country).	or acute indigestion No Physician in altendance Only sick a few hours
10. Dato deceased last worked at this occupation (month and year) 11. Total time (years) spent In this occupation 20	UIII) SICK A TOW HOULD
Jean	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME John 24. Sampson 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of Was thera en eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19

Registrar. (Address)

Where did Injury occur?.

Manner of injury

If so, specify

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

24. Was diseasa or injury in any way related to occupation of decaused

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.—Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 1 V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAord. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE-JARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.-WRITE PLAINLY, WIT

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12162
1. PLACE OF DEATH	J. 2
County County	Registration Dist. No.
Village or City Rayungs	ND. St., Ward death operated in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred rsmes	
2. FULL NAME & WCN VIVI	Mulough
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	1936
5a. If married, widowed, or divoged Subell McCallong	(Month) (Day) (Year)
HUSBAND of OOI WIFE of	22. HEREBY CERTIFY, That I attended deceased from
1100000000	193 (g to A) Clare d B , 199 (s
6. DATE OF BIRTH (month, day, and year) March 1, 1850	I last saw h. M. dlive on A. L
7. AGE Years Months Days If LESS than I day; hrs.	to have occurred on the date stated above, atm.
8 9 9 0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	B 1
	NWW.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Dato deceased last worked at this occupation (months) and 11. Total time (years) spent in this	Not Brights disease a lut tobar fineumania.
this occupation months and spant in this occupation	Auration > mot stated a Cut R.
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Cardiac
# 13. NAME W/D WOS KNOW	2 mskilney
13. NAME A D MOS / MOU	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME DU NOS PENOS	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)(Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT DON A	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Rawlingah	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place 1 Co. 1 T. 1 V. J. Oate A 2 2, 1936	Neture of injury
19. UNDERTAKER LA Y. MOTA	24. Was disease or injury In any way related to occupation of deceased?
(Address) Till of A	If so, specify
20. FILED 27, 1906 /11/ / MWM W	(Signed) J., M. D
Registrar.	(Address) towning & Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example T		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis IAN S 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory course of inscritory		Other contributory causes of importance	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12163
1. PLACE OF DEATH	(92.0)
County ellegany	Registration Dist. No.
Things of only A - I was a way a work of	RPO NO.TE LIMITS OF St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME I humas I humpson I	Kumakill. S. Veleran, specify WAR World Ha
(a) Residence: No. Linearing St. Marya Jewa (Usual place of above)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, wildowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 87 38.4 1895	I last saw h. 12 alive on h. L
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at94m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Humovrhage
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	hove zyth & ble . &th
11. Total time (years) this occupation (month and year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or towns) (State or country) Alaughand	
13. NAME 12. M. Murkrum 14. BIRTHPLACE (city or town)	
(State of country)	Name of operation
15. MAIDEN NAME Marion (Mackey) 16. BIRTHPLACE (city or town) Hakefor	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Likep p	Accident, sulcide, or homicide? Date of Injury, 19
17. INFORMANT /: Courty) (Mary land	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Smaloning, M.S.	
18. BURIAL, CREMATION, OR REMOVAND Place Oak Fill Cemetry Date Dec. 14, 1936	Manner of Injury Nature of injury
19. UNDERTAKER M. Gichhor (Address) Gracyman M. S.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2/14/36 , 19 Dr. S. On Jelon. Registrar.	(Signed) Hungan Halas M. D. (Address) Amaronina Dud
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	D. Every item of infor-	SICIANS should state	tatement of OCCUPA.	
FOR BINDING	IS A PERMANENT RECOR	stated EXACTLY. PHY	properly classified. Exact s	ertificate.
ARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
	-WRITE PLAINLY,	mation should be care	CAUSE OF DEATH is	TION is very importan

STATE OF MARYLAND—	CERTIFICATE OF DEATH 191	GA
1. PLACE OF DEATH	19) INITS.	U Z
County allegayy WITHIN	CORPORATE LIVII Registration Dist. No.	
Village or City Court Floured	No. 526N. Mechanic St., 2) death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
Length of residence in city of town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME Tosali m. me, ma	And If U. S. Veteran, specify WAR	
(a) Residence: No. 526 No. Mechan	ast., 2/ Ward.	
(Usual place of abode)	If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Fruedle 9 Lute 5, Single, Married, Widowed, Or. Divorced (write the word)	21. DATE OF DEATH (Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of Or) WIFE of preply P. Me Malion	22. I MEREBY CERTIFY, That I strended dece	ased from
6. DATE OF BIRTH (month, dey, and year) Och 13 1892	I last saw h en alive on Lee 18; 1936; de	ath is eairt
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et	
44 / 25 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	
8 Trade profession or particular	Da	te of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Brown kenning	2/8/20
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	0	
O lo. Date deceased last worked at this occupation (month end year) spent in this occupation occupation		
12. BIRTHPLACE (city or town) Midlaud	Other Contributory Causes of Importance:	2
(State or country)	Primary course: Cardia vascular renalidis ares	
14. BIRTHPLACE (city or town)	Cut A.	
14. BIRTHPLACE (city or town)	Name of operation Date ol	
(State of country)	What test confirmed diagnosis? Queen Was there an autop	sy? lla
15. MAIDEN NAME OLIVE KOULEY 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT JOSEPH COMO Walen (Address) Quellos and Sud	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place I Duly Date Will, 10, 19:36	Neture of injury	
19. UNDERTAKER Jours Just (Address) Just Saud and	24. Was disease or injury in any way related to occupation of deceased?	de .
20, FILED NEC. 10, 1936. Dr. J. P. Franke	(Signed) John La Commendate M	M. D.
If more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Chronic interstitial nephritis 6 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WILLIAM EAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	930 DEATH
County alledann	Registration Dist_No. 4
Village or City Chamberland W!	THIN CORPORATE LIMITS. Registration Dist No. 4 (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 20_yrs	mosds. How long in U.S./ft of foreign birth?yrsmosds.
2. FULL NAME Why Julisson 7000	If U. S. Veteran, specify WAR
(a) Residence: No. 71 2 Millian (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
S. SEX 4. COLOR OR RACE OR DIVORCED (write the	
a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Hermealia Widdle	22. I HEREBY CERTIFY, That I attended decaased from
DATE OF BIRTH (month, day, and year) Man 4 1844	I last saw have allva on 17, 1936; death is said
	S than to have occurred on the date stated above, at 2.05 m.
92 10 13 1day,-	
8. Trade, profassion, or particular kind of work done, as SPINNER,	Arleno-schrolis Cardas Vascela 10 Mr
SAWYER, BOOKKEEPER, etc	17R6
work was dona, as SILK MILL, SAW MILL, BANK, atc.	custo graines 14E
10. Date deceased last worked at this occupation (month and year)	56
2. BIRTHPLACE (city or town)	Other Coatributory Causes of importance: Location 1880
13. NAME Det Idd leto	Primary course of the morning & Dateria.
14. BIRTHPLACE (city or town) wystawn	Name of operation Data of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sally Thornbus	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Massyma long	Accidant, suicide, or homicida?Date of injury19
(State or country)	Whare did injury occur?
7. INFORMANT MAN MAYAYAS (Addrass) July St. Cumberlan	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place to Julal my Date plee 19	Nature of injury
9. UNDERTAKER (Addrass) Combile Canel M	24. Was disease or injury In any way related to occupation of decaasad?
20, FILED Dec. 19, 1936. Dr. J. P. Frank	gistrat. (Address) (Address)
	Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

S. No. 1

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Vi	3	6	7	8	7	9	PARENTS	14	
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PLACE OF DEATH County Cleyhony Village or City Oldlown (No.	3	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No/
² FULL NAME	miller	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEI	DICAL CERTIFICATE OF DEATH
7. Houle Whith Single, Warried, Wildowed, Wildowed, OR Divorced (Write the word)	16 DATE OF DEA	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Yes	36 that I last saw h	EBY CERTIFY, That I attended the deceased from 192
7 AGE Led Con If LESS (day ds. or r	hrs. The CAUSE OF D	DEATH * was expollows:
8 OCCUPATION (a) Trade, profession or particular kind of work	wh	n I Arrived
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary	(Duration) yes in a d
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE	er Her 23	(Duration) yrs mos
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER		Disease Causing Death, or, in deaths from the state (1) Means of Injury and (2) whether idal or Homicidal. RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or country)	Where was disease	In the State yrs decontracted,
(Informant)	if not at place of Former or usual residence	death?
(Address) Oldling 7. 15 Filed Alle 23 136 Parie a. Shanh	ne Cledto	run llee 23, 1931
If more bianks are needed, address State Regis	stra, 16 W. Saratoga S	mller attendant Clatown Mo St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without many Laborer—Coal mine, etc. Spiener, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a em at home, who are engaged in the duties of the Never return "Laborer." "Foreman," "Manager." "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Duy For persons who have no occupation (a) the kind of work and also (b) the Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISLASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: *Cerdros pinal fever* (the only definite synonym is "Epidemic cerebros inal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobur pneumonia, Bronchopneumonia* ("Pneumonia.")

inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Mensles (disease (name origin; "Cancer" is less definite; avoid taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, " "Marasmus, " "Old Age, " "Shock," Chronic valendar heart disease; etc. Nomenclature The contributory Meusles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the darta is essential and must be obtained before the certificate is

- 8 ...

permanently filed.

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 12	167
1. PLACE OF DEATH			
11/1		N CORPORATE LIMITS. Registration Dist. No.	4
County Mligary	-111	N CORPORATE Registration Dist. No.	
Village or City Comments	rland WITH	No. Attack of death occurred in a hopeital or institution, give its DAME instead of street and	- Ward
Length of residence In city or town where de		ds. How long in U. S. if of foreign birth? yrs	
2. FULL NAME Intan	1 6		
	O HYTHOU	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., 6-2 Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	3 Dillio
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	/
Inale nhit	OR DIVORCED (write the word)	Lleg. 6	, 193
5a. If marriad, widowad, or divorced	Snigle	(Month) (Dey)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended	deceased from
	/)	lec. 5- 1936, to dee 6	19. 56
6. DATE OF BIRTH (month, day, and yaer)	LE 5 1936	I last saw h alive on, 19,	; death is seid
7. AGE Years Months	Days If LESS then	to have occurred on the deta stated ebova, at	
	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Dete of onset
8. Trede, profession, or perticular			Defe of ousef
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	home	Cleusteil	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc			-
10. Date deceased lest worked at this occupation (month end	11. Total tima (yeers) spent in this		
yeer)	occupetion	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town)	Herland 1/ 1	Citor Gallery Galler of Importance.	
(Stata or country)	orla		
13. NAME + sanaro lo	more		
13. NAME Francis 6	n V	Name of operation Date of	
(State of country)	11.10-	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Osafulli 16. BIRTHPLACE (city or town)	1tme	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the followin	ig:
O 16. BIRTHPLACE (city or town)	0.	Accidant, suicide, or homicide? Data of Injury	, 19
Stete or country)		Whara did Injury occur?	
17. INFORMANT & & Som	N.	(Specify city or town, county and Str Specify whethar injury occurrad in INDUSTRY, in HOME, or in PUBLIC P	ite) LACE.
(Address) Com	erland		
18. BURIAL, CREMATION, OR REMOVAL	1 0 2	Manner of injury	
Sofater & Tanlo lite	Date al le 1 1906	Nature of Injury	
19. UNDERTAKER Armo Sterr	Ina -	24. Was diseese or injury In eny wey related to occupation of daceesed?	
(Add(ess)	Muland	If so, specify)
Dec 7 31 A	1 D. F. 1	(Signed) Shu / Cozu	el, M.D.
20. FILED	Registrar.	(Address) 122 Beafal	\$1
If more b	lanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example 1	1	Example 11	
The principal cause of of importance were as	f death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	A FLEIVER	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	IAN 6 1937	July 5,1927	Peritonitis	3 days ago
	MI MERAIL V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement UNFADING INK-THIS IS A PERMANENT RECORD. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING ARGIN RESERVED WITH B.—WRITE PLAINLY,

item of infor-

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(22.F) (22.F)
County Allegany	Registration Dist. No.
Village or City Cumber (W)	THIN CORPORATE LIMITS
	If death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	os7ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jawrence Murray	If U. S. Veterap, specify WAR
(a) Residence: No. Wan (Usual place of abode)	L. St. Wards Hancock Marylans If nonresident give city or towy and Syste
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write tha word)	21. DATE OF DEATH & 193 6
5e. If married, widowad, or divorced	(Month) (Oay) (Year)
(OT) WIFE OF Elva G. murray	22. A I HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, and yeer) Oct. 15-18821	I lest saw h elive on 9 deeth Is seid
7. AGE Yaers Months Days If LESS then	to heve occurred on the date steted above, at
54 1 23 1 dey,hrs	mark of validate.
8 Trade profession or particular	Julistica Oate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc fram Conductor	astrictles
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oeta deceesed last worked at this operation (month end	Vad have cut
10. Oeta deceesed last worked at this occupation (month end year)	Not due to Cancin, Cut-R.
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME Stilling & Murray	
	A CONTRACTOR OF THE PARTY OF TH
14. BIRTHPLACE (city or town) State or country)	Neme of operation
	What test confirmed diegnosis? Wes there an aulopsy?
15. MAIOEN NAME Johanna J. Whileahy 16. BIRTHPLACE (city or town) St. Johns.	23. If deeth wes due to externel ceuse (VIOLENCE) fill in eléo the following:
State or country)	Accident, suicide, or homicide?
EQ 2	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hancock Manual Oate Age. 11, 19	Manner of Injury
19. UNDERTAKER THE THE THE THE THE THE THE THE THE THE	Neture of Injury
(Address)	If so, specify
20. FILEO Pice. 10, 19 36 Dr. J. P. Frank Registrar,	(Signed) (Addrass) To all of the standing of t
	1, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
-/ and a series of the Contract	, street, ballimore, requesting 0, 3, 140, 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitiet nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 6 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			2012

BINDING

RESERVED

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Chronic interstitial nephritis JAN 2 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			111211035

ARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied. WITH B.—WRITE PLAINLY,

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	ot and
County allegany Outside	Registration Dist. No.
Village or City Frank town	MNo. See Ward
Length of residence in city or/town where deeth occurred wrs.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Ida/ May Oncal	
	1f U. S. Veteran, specify WAR
(a) Residence: No. Fraulfillion The	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Founds 4. COLOR OR RACE OR DIVORCED (write the word) This color of the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Learge Ones	22. I HEREBY CERTIFY, Thet I attended deceased from Oct 3, 1956, to Oct 4, 1936
6. DATE OF BIRTH (month, day, end yeer) Sedy, 10, 1871	I lest saw here alive on A
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
65 2 24 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: Date of enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et 11 Total time (years)	Bronsho Preumon 1120-
9. Industry or business in which work was done, as SILK MILL,	
O this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / (State or country)	Flu:
(State or country)	Name of operation
15. MAIDEN NAME Ida Bucy	23. If death wes due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) unknown (Stete or country)	Accident, suicide, or homicide? Date of Injury,19
17. INFORMANT Leston Once (Address) Company and	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMOVAL COM	Manner of injury
Place I classes Trong Date DEC 6 , 1936	Nature of injury
19. UNDERTAKER Localis Steers Lucy (Address)	24. Was disease or injury In any wey related to occupation of deceased?
20. FILED Dec. 4, 1936, Dr. J. P. Frankli	(Signed) PCBaure M. D. (Address) Canada & M. M.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis JAN 6 1937	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	Date of onset
Chronic interstitial naphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUMEAU V. S.			
Other contributory causes of importance:	THE RES	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH WITHIN CORPORATE Registration Dist. No. (If death occurred im a hospital or institu-tion, give its NAME in-stend of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH 3 SEX MARRIED. WIDOWED CROWORC (Write the) (Month) -(Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year and that death occured on the date steted above, at IIfLESS than 7 AGE The CAUSE OF DEATH * was es follows: I day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from OF FATHER Violent Caus s, state (1) Means of lnjury and (2) Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 00 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 19 BIRTHPLACE In the At place OF MOTHER ____yrs.......mos......ds. (State or country) Where was disease contracted, if not at place of death? Former or usual residence. ADDRESS Registra If more blanks are needed, addrose State Registrar, 16 W. Seretoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

en at home, should be used only when needed. As examples : (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, o. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, yrs). For persons who have no occupation without more precise specification as Day who are engaged in the duties of the (b) Automobile factory. The Laborer-Coul mine, etc. Wom-(b) Grocery; material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Iraemia," "Weakness," etc., whon a definite discase as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom stated unless important. Example: Measles (disease (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as causing unqualified, is indefinite); Tuberculosis of lungs, menapproved by. Committee on Nomenclature carbolic acid - probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) Chronic etc. The contributory The nature of the injury, valvular affection heart need not disease;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

JAN 6 1937 SURFALL V. S.

	24
BINDING	PERMANENT
FOR	IS A
MARGIN RESERVED FOR BINDING	NG INK-THIS
MARGIN	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R
•	PLAINLY,
V.S. N	N. B.—WRITE

	STATE (OF MARYLAND-	CERTIFICATE OF DEATH	151.13
1. PLACE	OF DEATH		(31)	4
County	allegan	y	Registration Dist. No.	
Village of	r City 2 Nost	thera md.	NoSt.,	Ward
langth of	rasidence in city or town where		death occurred in a hospital or institution, give its NAME instead of street	and number)
		death occurred yis.	ds. How long In U.S. if of foreign birth?yrs	mosos.
2. FULL N	150	I F m Lumm	U If U. S. Veteran, specify WAR	
(a) Resid	lence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSO	NAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
male	White	undowed	(Month) (Day)	193 (Q (Yeer)
5a. If married, wid HUSBAND o	dowed, or divorcad	D 1		
(or) WIFE of	many	lumper	1 HEREBY CERTIFY. That i attended to the state of the sta	
6 DATE OF RIRT	H (month, day, and lear)	18/11		6 : death is said
	Years Months	Days If LESS than	to have occurred on tha date stated above, at 1.304 · m.	
	72	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Z 8. Trada, pr	ofession, or particular	A	Cohrone Interstition	Date of onset
NOI kind o	of work dona, as SPINNER, ER, BOOKKEEPER, etc	miner	neplute.	0
Work	or business in which was dona, as SILK MILL, MILL, BANK, atc	pol mines		
10. Data deci	eased last worked at	11. Total time (years)		
C1113 01	ccupation (month and 10 M	spent in this occupation		
12. BIRTHPLACE	(city or town) Kuid	road	Other Contributory Causes of importance:	
(State or o	country)	w.Ja.		
13. NAME	V			
	ACE (city or town)		Name of operation Dete	of
~ (State	or country)		What test confirmed diagnosis? Wes there	an autopsy?
I 15. MAIDEN	NAME		23. If death was due to externel ceuses (VIOLENCE) fill in also the follo	11-4
	ACE (city or town)		Accident, suicide, or homicide? Date of injury	
1 (State	00 1 9		Where did injury (Specify city or town, county and	State)
17. INFORMANT(Address)	Cyde of	ummer.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC	PLACE.
	ATION, OR REMOVAL	70	Mannar of injury	
Place	llegany com	taglealec. 5, 1936	Nature of injury	
19. UNDERTAKER	W. J. 1 De	irst	24. Was disaasa or injury in any way related to occupation of deceased:	
(Address)	11 In	nothing Md.	If so, specify	
20. FILED / 2.	5 th 1936 We	.a.R. Heaker	(Signed) M. M. Corruit	
		Paristant	(Addrage) Marday . My	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of oncet Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state

Exact statement of OCCUPA.

UNFADING INK-THIS IS A PERMANENT RI AGE should be stated EXACTLY.

MARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. N. B.—WRITE PLA

		97)	
County all gon	en.	Registration Dist. No.	
Village or City Front	Takes mod	negistration Dist. No.	
vinage of only	ago free	(If death occurred in a hospital or institution, give its NAME instead of street and	War
Length of residence in city or town where death	oderredyrs	mos. // ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Many	Cathen	ye Polonel.	
(a) Residence: No. Barf	(Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWE	Dec 12	., 193 🚄
5a. If married, widowed, or divorcad	1-1000-0	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of Joseph m.	Poland.	22. I HEREBY CERTIFY That I attended	d deceased from
6. DATE OF BIRTH (month, day, and year)	413.1856	I last saw has alive on Dec 22, 193	G death is sal
7. AGE Years Months	Days If LESS the	n to have occurred on the date stated above, at 3.50 m.	
801	/ 9 1 day,min.	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as collows:	
8. Trada, profession, or particular	1	note as unions.	Date of onse
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	use -work	! Cheng selyse	2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) Barts (State or country)	on, mf	Other Contributory Causes of importance:	
	my -		
13. NAME Daniel	tarp.		
14. BIRTHPLACE (city or town) (State or country)	ron	Nama of operation Data of	
(State of country)	9.	What test confirmed diagnosis? Was thera an	autopsy?
15. MAIDEN NAME Julipe	ann. Warry	23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
16. BIRTHPLACE (city or town) Mes	temport	Accident, suicide, or homicide? Date of Injury	, 19
(Stata or country)	ng./	Where did injury occur?	
17. INFORMANT Mar Jones (Address) Baytura 2	Symons	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) ACE,
8. BURIAL, CREMATION, OR DEMOVAL	a	Manner of injury	
Place family All Da	ita 1/1/24,19		
19. UNDERTAKER 2 S. Brown	el	24. Was disease or injury in any var related to open pation of deceased?	/
(Address) Ballon	2 Md	If so, specify	46)
20, FILED 12 24 1976 Dr. a 6	2 Jon 1 1811	(Signed)	16-4

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927		3 days ago	
		TERT S WAL		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH County Cllegary WITHIN CORPORATE LIMITS. Willage or City Character City No. There are 1 to 1.	4
Village or City Lewersland No. Meureal Hooks	₩ard
(If death occurred in a hospital or institution, give its NAME instead of stre	et and number)
Length of residence in city or town where deeth occurredyrs,ds. How long in U.S. If of foreign birth?yrs,	mosds.
2. FULL NAME Wella lear legnolds II U. S. Veteran, specify WAR.	
(a) Residence: No. Manage of abode) Parsk - Ward. (Usual place of abode) If nonresident give city or to	and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	
Truesle White Married (Month) (Day)	, 193
5e. If married, widowed, or divorced	(Year)
(or) WIFE of Www. H. Reynolds 22. I HEREBY CERTIFY. Thet I et	tended deceesed from
	19.76
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Months Moays If LESS then to heve occurred on the dete steted above, at 10 mm	9.20; deeth is said
1 day hrs. The Bringing of Driver of Driver	
To lormin. were as follows:	Date of onset
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc Housework Of Project Of P	
9. industry or business in which	- VIII
work was done, as SILK MILL, SAW MILL, BANK, etc.	3
10. Dete deceesed last worked et this occupetion (month end spent in this	non
yeer) occupetion Dther Contributory Canses of Importence:	
12. BIRTHPLACE (city or town) Pullar (State or country)	
13. NAME Nathan tee	
(Clate or country)	te of
whet test confirmed diagnosis? What the was the	
15. MAIDEN NAME Racy 23. If deeth was due to external causes (VIOLENCE) fill in elso the fo	
16. BIRTHPLACE (city or town). Accident, suicide, or homicide?	, 19
Where did injury occur? (Specify city or town, county a	and State)
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	LIC PLACE.
10 DIDIAL CREMATION DO BENOVAL	
Piece Hellerest Care pote Dec 27, 19 36 Nature of injury	
The state of might	20
19. UNDERTAKER (Address) 24. Wes disease or Injury In any way related to occupation of decease (Address) If so, specify (Address)	ed?/
Do all 21 An a Police DA Signed Vision 1000	M D
20. FILED ACC. 1, 19 26 . VV. A. Registrar. (Address) Marshay Car	Due
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 6 1937			
Other contributory causes of importance:	W1 1000	Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroenterius	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12176
County (100canus)	CORPORATE
Village or City & Surul Culand WITH	No. 625 8 Que St. 6~1 Ward
61/ (If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
4. 0 PA	
2. FULL NAME Mary Jane die	Men. If U. S. Veteran, specify WAR
(a) Residence: No. 6 25 6 Lux (Usual place of abode)	St., 6 - Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED. (write-the word)	21. DATE OF DEATH Dec. 30
ie. If married, widowed, or divorced	(Month) (Oay) (Yeer)
HUSBANO of (or) WIFE of	1 HEREBY CERTIFY. That I attended decessed from
5. DATE OF BIRTH (month, dey, end year) Okt. 19.1861	I last saw here elive on 1926 : death is said
7. AGE Yeers Months Oays If LESS then	to have occurred on the date stated above, et. / 6 6;
75 8 11 ldey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trede, profession, or particular	were es follows: Oste of onset
kind of work done, es SPINNER, House work.	H at lan men organi 1935
9. Industry or business in which	1231
work wes done, es StLK MILL, at Joule.	- Tremony Janeinoms of liver Cut &
10. Oete deceesed lest worked at this occupation (month and spent in this	- disastidh i one y lava
yeer)	Other Cantributary Canses of importence:
12. BIRTHPLACE (city or town) Wurchester	, , , , , , , , , , , , , , , , , , , ,
(State or country)	Ghaut in 5/ of suricy
13. NAME george Chuker	
14. BIRTHPLACE (city or town) O. W. Lechester	Neme of operation
(State or country)	Whet test confirmed diegnosis? Wes there an eutopsy?
15. MAIDEN NAME & legan ang Logenterge	23. If death was due to external couses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Wuchester O	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Margaret Rufels	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Kose Hell Cem: Date Jan 2, 1937	Neture of injury
19. UNDERTAKER Jacob Dager:	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Cumberland, Ma.	If so, specify
20 FILEDJan. 2 193/ AU. J. P. Frankli	(Signed) M. D.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) Muse

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JAN: 6 1027	2		
Other contributory causes of importance: 3.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 6 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S		· · · · · · · · · · · · · · · · · · ·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor-	should state	of OCCUPA-	
NT RECOAD, Every	LY. PHYSICIANS	1. Exact statement	1
S IS A PERMANER	stated EXACT	properly classified	certificate.
NFADING INK-THIS	plied. AGE should be	rms, so that it may be	instructions on back of
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOAD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	10N is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12178
1. PLACE OF DEATH	Registration Dist, No. St., Ward
County allegany,	Registration Dist, No.
Village or City Alongconing	No. St., Ward
Length of rasidanca In city of town whara death occurred # 0 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) 2 ds. How tong in U.S. if of foreign birth?
2. FULL NAME Thinked asent To	BUMM If U. S. Veteran, specify WAR.
(a) Residence: No. A Bailroad	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WHEE of	22. I HEREBY CERTIFY, That I attanded daceased from
Juna Juna 1 Rogem	List can be a slive on the 3 d 1936 doubt is said
6. DATE OF BIRTH (month, day, and year)	riast saw in 250-1-1 and on 15 Said
7. AGE Years Months Oays If LESS than I day,, hrs.	to heve occurred on the date stated above, at
8 Trade profession or particular 2 2	ware as follows: Oate of onset
8. Trada, profession, or particular kind of work done, as SPINNER, Josephan MR.R. Csun SAWYER, BOOKKEPER, etc.	alcololise
SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and this prographing month and this prographing month and this programme in this security is security in this security in this security in this security is security in this security in this security in this security is security in the security in this security is security in the security in the security is security in the security in the security is security in the security in the security in the security is security in the security in the security is security in the security in the security is security in the security in the security is security in the security in the security is security in the security in the security is security in the security in the security is security in the security in the security is security in the security in the security is security in the security in the security is security in the security in the security is security in the s	
10. Data deceased last worked at this occupation (month and year)() f/436	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Mayland.	
13. NAME James Maryland.	
14. BIRTHPLACE (city or town) # Mary (and):	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
E CONTROL CONTROL	23. If death was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT Mrs. Minfred Je Rowane	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St Mary Cometey Data Dec 5, 1936	Natura of injury
19. UNOERTAKER IN Conclutors	24. Was disaasa or Injury in any way related to occupation of deceased?
(Addess) Conaconinging	If so, specify
20. FILEW M. S. 1836 NT. L. NOW 176	(Signad) Livery M. O. (Address) Livery and
(Legistrar.	(Address) tracting to

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

OCCI plnods

(Year) Y CERTIFY. That I attended deceased from Data of onset If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
C12	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURFALI V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOMD. Every item of infor-

ARGIN RESERVED FOR BINDING

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	180
1. PLACE OF DEATH		(167)	1.1
County allegan	w/	ORPORATE LIMITS Registration Dist. No.	4
Village or City Advers	buland WITH	No. 41.7 St., f death occurred in a hospital or institution, give its NAME/instead of street an	3 War
Length of residence in city or town when			
2. FULL NAME Plus	Elve L. Delie	lley If U. S. Veteran, specify WAR	
(a) Residence: No.	7 Holland	St., 3 Ward.	
	(Usual place of abode)	If nonresident give city or town a	
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
Fruale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (durite the word)	21. DATE OF DEATH (Month) (Day)	, 193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	d M. Schiller	22 I HEREBY CERTIFY, That I attend	
i. DATE OF BIRTH (month, day, and year)	March 3, 1884	1 last saw h alive on	, 19 : death is sai
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	
52 9	19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Housework	and Shot would	Date of once
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	House	Vin Forelead	
10. Date deceased last worked at this occupation (month end year)	11. Totel time (years) spent in this occupetion		
12. BIRTHPLACE (city or town)		Other Coutributory Causes of Importance:	
(State or country)			
II 13. NAME Koline W.	Sturk		
14. BIRTHFLACE (city or town)	0	Name of operation Date of	
(Stete or country)	Pan	Whet test confirmed diagnosis? Was there a	n autopsy?
15. MAIDEN NAME Rebeec	a Custer	23. If death was due to external cares (VIOLENCE) fill in also the follow	ing:
16. BIRTHPLACE (city or town)	. P	Accident, suicide, or homicide?	, 19
(Stete or country)	ray pin	Where did injury occur? (Specify city or town, county and S	
17. INFORMANT Pluvard (Address)	M. Schiller	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAD	Cem. 9	Manner of injury	
Plece January Fello	Pate 60 00 . 74, 1936	Neture of injury	
19. UNDERTAKER Joseph (Address)	Steve fuc	24. Wes disease or injury in any way related to occupation of deceased? If so, specify	•
20. FILED DEC. 24, 1936. 5	N. J. P. Frank	(Signed) CO / Payerray CV76	meg.
If mo	re blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I			Example II	
The principal cause of importance were a	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial new	hritis JAN 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	91
1. PLACE OF DEATH	72-6 LIMITS.	01
County Allegany	N CORPORATE LIMITS. Registration Dist. No. 4	_
Village of City - Comments	NO. 7 19 Nonacing on I strass 2	Ward
Length of rasidence in city or town where death occurred 4/yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and nu-	mber)
2. FULL NAME Dominials Inathinals	1.11	us-
The state of the s	If U. S. Veteran, specify WAR	
(a) Residence: No. 4 29 Hundurson (Usual place of abode)	Ward. If nonresident give city or town and Si	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (3")	1936
5a. If marriad, widowed, or divorced HUSBAND of	8	(Year)
(or) WIFE of many Obrein	22. BY CENTIFY That attended de	easad too
6. DATE OF BIRTH (month, day, and year) June 15 - 1855	I last saw h Line ative on Dec 12, 1936;	death is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, atm.	
8 / 1 O 2 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	10	July 1936
9. Industry or business in which	() todakuidiseess	2009/11-4
work was done, as SILK MILL & Couplayee		
10. Date dacasad last worked at this occupation (month and spant is this year)		
12, BIRTHPLACE (city or town).	Other Coatributary Causes of importance:	
(State or country)	Witerioscherous	1933
13. NAME Francis Schold	> 1	
14. BIRTHPLACE (city or town)	Nama of operation Data of	
(State or country)	What test confirmed diagnosis? Was there an aut	opsy?
15. MAIDEN NAME yory on allingly	23. If death was dua to extarnal causes (VIOLENCE) fill in also tha following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Whare did injury occur?(Specify city or town, county and State)	
17. INFORMANT 1 Spiles of and bull	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	Έ,
18. BURIO OF EMATION OF REMOVAL	Mannar of injury	
That falle No Course Oats flee 16,1936	Natura of injury	
19. UNOERTAKER Concern Space Sec	24. Was disaasa or injury in any way related to occupation of decaased?	
(Address) Leabard Md.	If so, specify One on a Resi	
20. FILEDARCO, 13, 1936, AN, J. C. Trank	(Signad) (Signad) (Addrass) Cumberland MA	M. D.
IC U.L	N. C. L. C.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1931	July 5,1927	Peritonitis	3 days ago
BUNGAU V. S.		.e	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 12182
County allegann.	HIN CORPORAT (186 Registration Dist. No. 4
Tillago of Oily Color of the Color of	HIN CORPORATE LIMITS. Registration Dist. No. 10. Allegany Horbital Street and number) Holosophia of instigation, give its NAME instead of street and number)
Length of residence in city or town where death occurred #mo	sds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Mary Agnes Sebole (a) Residence: No. 479 Henderson	If U. S. Veteran, specify WAR
(Usual place of abode)	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (COEY) (Year) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Communication of Solved A	22. HEREBY CERTURY, Thet I Attended deceased by
1 1 12 12 21	l last saw h. C. T. elive on Dec / 2 19 36 death is sa
6. DATE OF BIRTH (month, day, end year) 2 2 1836 7. AGE Yeers Months Oeys If LESS than	I last saw he delive on 19 19 19 19 19 19 19 19 19 19 19 19 19
20 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	ware as follows:
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc.	Thronic myscarditio 193
Kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as SILK MiLL, SAW MILL, BANK, etc 10. Data decessed lest worked at this occuration (month and	
10. Data decessed lest worked at this occupation (month and spent in this occupation coupation coupation this occupation this	
12. BIRTHPLACE (city or town) M/a A	Other Committeery Causes of importance:
(Stata of country)	Crecture Truck of femus 1027.
13. NAME Jolin Officer	
14. BIRTHPLACE (city or town) — Tralay	Neme of operation
(County)	What test confirmed diagnosis? Wes there an eutopsy?
15. MADE Margaret Flanigan	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suiche, or hopicide? accident Date of injury nov 27, 1936
State or country)	Where did injury occur? Cumberland md.
17, INFORMANT Mrs. John Lang	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Wilder Ford Will	Own home
18. BURIA O PREMATION, OR REMOVA	Manner of injury wecame dayy and fellow ketche
Farfalricks laure Data Nec 16, 1936	Nature of injury Tracture of R Jennafutratrock
19. UNDERTAKER designation of the land and the	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Dec. 15, 1936. Ar. J. P. Frankel	(Signed) (Prevaskes M. (Address) Cumberland, med,
	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CEDTICIOATE OF

CTATE OF MADVI AND

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Chronic interstitial rephritis JAN 6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12183
1. PLACE OF DEATH County Assertation	LIMITS. 4
Village or City Salayed WITHIN C	ORPORATE LIMITS Registration Dist. No.
	death occurred in a hospital or institution, give its NAME indead of street and number)
Langth of rasidence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME / Consquitte Dua	If U. S. Veteran, specify WAR
(a) Residence: No. 812 Sylvan ast	Est., 3 Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Dec . 7 193 6
5a. If married, widowed, or diverced	(Month) (Day) (Year)
HUSBAND of John C. Sleaker	22. PHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) afr 17 18.89	Hast saw h A alive on A 19 36 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
47 8 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of one of
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	about
9. Industry or business in which work was done as SILK MILL.	Larocinoma Value Dur.
work was done, as SILK MILL, SAW MILL, BANK, etc	(adino-audnoma) 1930
- Spellt III this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	, , , , , , , , , , , , , , , , , , ,
E / www.	ps fff
4. BIRTHPLACE (city or town) (State or country)	Name of operation I A Change of The of Dell'
	What tast confirmed diagnosis?
I The state of the	23. If death was dua to axtarnal ceuses (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) (State or couptry)	Accident, suicida, or homicide?
to profession	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Office of Market	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hilleset Cell Date Dec 10, 1936	Nature of injury
19. UNDERTAKER Lycuis Allein Luc.	24. Was disease or injury in eny way related to occupation of decaased?
(Addrass) Churchand md.	If so, specify
20. FILED Ale. 10, 19 36. Dr. J. V. Franks	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial hephritis JAN 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No.

	S	TATE C	OF MAR	YLAND-	CERTIFICATE O	F DEA	TH 12	184
1.	PLACE OF DEA	TH			(165) 	S. War	A.F	
	County	Allegany	7		CORPORATE	Registration D	Dist. No. 4	
	Village Dr City	Cumber	rland. M	d W	CORPORATE LIMIT No. Allegany Codeath occurred in a hospital or institution	Jail	St.,	Ward
	Length of residence in c	ity or town where	death occurred	yrsmos	ds. How long in U. S. if of for	oreign blrth?		
2	FULL NAME	Anna. H	3.Sharp		If U. S. Veteran, sp	ecify WAR		
	(a) Residence: No.		stown. M		St., Ward.			
M-10-Three			(Usual place				rive city or town and	State
3. S	PERSONAL AN				MEDICAL CEI			
3, 3		or or race Thite		RIED, WIDOWED, D (write the word)		Dec.	24.1936 (Day)	_, 193 (Yaar)
5a.	If marriad, widowed, or dive	vced Kemmie .9	Sharo		22. IHEREBY	CERTIES	V That i attended	deceased from
	(or) WIFE of							
6. I	DATE OF BIRTH (month, da	y, and year)	Sept 3.	1884	I last saw h alive on	~~~~~~~~~	, 19	
7. A	AGE Years	Months	Days	If LESS than	to have occurred on the date stated a			
	52	3	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causa	s of Importance	Date of onset
Z	8. Trade, profession, or p kind of work done.	articutar . as SPINNER.	None		Sura	C2 1	7	-
TIC	SAWYER, BODKKE 9. Industry or business in	EPER, etc	1/ 0116		hange	ny		
UP/	work was done, as SAW MILL, BANK,	SILK MILL,			7	/		
OCCUPATION	1D. Data deceased tast wo this occupation (mo		11. Total t	ima (years) nt in this	*.			***
	year)			upation	Other Contributory Causes of imports	ance:		
12.	BIRTHPLACE (city or town) (State or country))P	2			£:		-
ER	13. NAME Wil	son.R.My	rere					
FATHER	14. BIRTHPLACE (city or t (State or country)	own)	Pa		Name of operation What test confirmed diagnosis?		Date of Was there an	
ER	15. MAIDEN NAME	Rhoda.He			23. If death was due to external cause			
MOTHER	16. BIRTHPLACE (city or to (State or country)	own)	Pa		Accident, suicide, or homicide?	gann	100 4	cul
17.	INFORMANT	.Whitmin			Specify whether injury occurred is	(Specify city or NDUSTRY, in HO	town, county and Sta ME, or in PUBLIC PI	ite) LACE,
18.	BURIAL, CREMATION, OR				Manner of injury			
	Place Rehohtl	a Pa	Date_Dec_	27.19,76	Nature of injury			
19.		ohn C.Wo			24. Was disaase or injury in any way	retated to occupa	ation of deceased?	wo
20.		19.36 . A		Frankle Registrar	(Signed) JLO 1794 (Address)	ulm	mal Cot	oneso.
N/ W/		If more	blanks are needed,		2411 N. Charles Street, Baltimore, Requ		1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 6 1937			
Other contributory causes of importance: V. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

BINDING

FOR

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Example I		Example II	
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Chronic interstitial nephritis IAN 6		Attack of epilepsy Run over by street car	1 week ago
Cerebral hemorrhage.	C 7 7 1 4 4 0 0 0		3 days ago
BUREAG			=
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH Allegany

County

Cumberland.

109 Oldtown. Road (If death occurred in a hospital or institution, give its NAME instead of street and number)

to have occurred on the date stated above, at ...

Other Contributory Causes of importance:

The PRINCIPAL CAUSE OF DEATH and related causes of importance

Length of residence In city or town where death occurred ______yrs._____mos.____ds. How long in U.S. if of foreign birth? ______yrs._____mos.____ds.

Doris.Lee.Sherry

If U. S. Veteran, specify WAR.....

(a) Residence: No.

2. FULL NAME

Cumberland. Md (Usual place of abode)

If nonresident give city or town and State

ERTIFY. That I attended deceased from

PERSONAL AND STATISTICAL PARTICULARS 3. SEX

OCCUPA-

PHYSI

Exact

4. COLOR OR RACE White Female

5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) MEDICAL CERTIFICATE OF DEATH Dec. 11.1936

Registration Dist. No.

21. DATE OF DEATH

were es follows:

Name of operation.

Manner of Injury

What test confirmed diagnosis?

Where did injury occur?____

Nature of Injury_____

Date of onset

5a, If merried, widowed, or divorced HUSBAND of (or) WIFE of

July 19.1925 6. DATE OF BIRTH (month, day, end year)

7. AGE

OCCUPATION

FATHER

Years

Months

Davs 22

If LESS than 1 dayhrs. or min.

8. Trade, profession, or perticular kind of work done, as SPINNER, Student SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc....

10. Date deceased last worked at this occupation (month and

11. Total time (years) occupetion

12. BIRTHPLACE (city or town) (State or country)

> Nathan. B. Sherry 13. NAME

14. BIRTHPLACE (city or town) (Stete or country)

15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (city or town)_____ (State or country)

17. INFORMANT ___ Cumberland ... Md (Address)

18. BURIAL, CREMATION, OR REMOVAL

Date Dec ... John.C. Wolford

19. UNDERTAKER (Address)

Registrar.

(Signed)

24. Was disease or injury in any way related to occupation of deceased? If so, specify _.

23. If death was due to external causes (VIQL ENCE) fill in elso the following:

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Accident, suicide, or homicide?_____ Date of injury______ 19____

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING properly RESERVED may so that ARGIN See in plain carefully OF DEATH plnods

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Chronic interstitiat nephritis SE	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 yeor

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(Address)

Registrar.

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Chronic interstitial naphritis JAN 6 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

COMPORATE LA

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	TANKS STARBINGO MINTLE
County allegany	Registration Dist. No.
Village or City Flootburg md	f No. 2 4 0 Certification St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred that hospital of this itude, give as 1474112, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Hester Ma Sine	1 U. S. Veteran, specify WAR
(a) Residence: No. 240 Carter	St., Ward.
(Usual place of abode)	If nonresident give city or town and State -
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Geo W Seres Dec.	1 HEREBY CERTIFY, That I attended decassed from 20, 19,3 G to 20, 19,3 G
6. DATE OF BIRTH (month, day, and year) (us q. 5 18 48	I lest saw h Langlive on Language 4
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 430 m.
88 · 4 / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cilino-Beliner
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and	
10. Date deceasad lest worked et this occupation (month and year) spant in this occupation	
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
E	
14. BIRTHPYACE (city or town) (State or country)	Name of operation Dete of
770 70000	What test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Charge 16. BIRTHPLACE (city or town) 10 + /2 more (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide?
17. INFORMANT Mrs Robert Beage	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 2 40 Centre St Fronthing Link	
Place Clegany Come Dat Det 86, 1936	Menner of Injury
19. UNDERTAKER Jacob Joseph Sud.	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED 12-8, 1936 Dr. a.R.) Walker. Registrar.	(Signed) M. D. (Addrass) The Description of Child
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Reguesting V. S. No. 1.

19162

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral homorrhage JAN 2 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importances		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

JARGIN RESERVED FOR BINDING

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	PATE LIMITS.
County allegazzy	THIN CORPORATE LINITED TO THE CORPORATE LINITE
Length of residence in city or town where deeth occurred 25 Dyps. mos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME MARAGERA A Ships	
10 110	If U. S. Veteran, specify WAR.
(a) Residence: No. 1/5 12, All Management (Julia place of Joode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Ahrte, S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3/ (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of January H. Slings.	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dayland year) Jone 7 1878	I last saw h 21 elive on 12-30-36 19 death is said
7. AGE Years Mapths Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, et 4.2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Melione Stones
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed lest worked et 11. Totel time (years)	
10. Dete deceesed lest worked et this occupetion (month end year)	
12. BIRTHPLACE (city or town) To les being 1	Other Contributory Causes of importance:
13. NAME from Cant	
13. NAME If M. Canty 14. BIRTHPLACE (city or town) (State or country) Triland.	Neme of operation Dete of What test confirmed diagnosife Was there en autopsy?
15. MAIDEN NAME man Thompson	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(State or country) And Trilland	Where did injury occur?
17. INFORMANT Itm Slines. (Address) Combined Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Work the Come Date fam T , 1931.	Neture of injury
19. UNDERTAKER Lomo Styre Inc. (Address)	24. Was disease or injury in any way related to occupetion of deceesed?
20. FILED Jan 4, 1937 Dr. J. P. Frankle Registrar.	(Signed) M. D. (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstition nephritis F V F D	1921	Run over by street car	1 week ago
Cerebral hemorrage	July 5,1927	Peritonitis	3 days ago
JAN 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

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	Example I		Example II	
The principal cause of of importance were	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 6 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstition nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 6 1937	July 5,1927	Peritonitis	3 days ago
BURCANYBIL			
Other contributory causes of importance:		Other contributory causes of importance:	EVLOUE
Gallstones	May 1,1923	Gastroenteritis	1 year
DEFECTION OF THE PERSON OF THE			in the latest

Date of onset

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

RESERVED carefully pe OF mation

LION

16. BIRTHPLACE (city or town)..... (State or country)

(Address)

BINDING

18. BURIAL, CREMATION, DR REMOVAL Manner of injury Nature of injury 24. Was diseese or injury in any way releted to occupation of deceased 19. UNDERTAKER (Address) il so, specily (Signed). Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Where did Injury occur?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 6 1931	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING

RGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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FOR

ARGIN RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1AN 6 1931				
Other contributory causes of importance:		Other contributory causes of importance:	eg teré	
Gallstones	May 1,1923	Gastroentcritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-N. B.-WRITE-PLAINLY, WITH

FOR BINDING

IARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 12195
1. PLACE OF DEATH	THIN CORPORATE LIMITS. Registration Dist. No. 4
County allegany	THIN CORPORT Registration Dist. No.
Village or City	No. Ward
Length of residence In city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
1 0 1 10	
2. FULL NAME TO THE	npoon
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Security (Day) (Year) (Wonth) (Day)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year Quar. 2-1935	Hast saw h alive on Dec 23 1936 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at &
4 021 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end retated causes of importence were as follows:
8 Trade profession or particular	were as follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	Sulson Juemmia Dec 2-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end	1936
this occupation (month end spant in this occupation	
C. Ledand MD	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or tow) (State or country)	
II 13, NAME Charles, H. Thomas	1
14. BIRTHPLACE (city or town) Md	Name of operation Date of
(State or country)	What test confirmed diegnosis?
# 15. MAIDEN NAME ana P. Cross	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME AND R. Cross 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Where did Injury occur?
17. INFORMANT Charles N. Thompso	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Cumberland, mfd	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Pose True am Date Dice 2 3, 19 5	Nature of injury
19. UNDERTAKER (Address) Comberland, md	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Dic 14, 19 36. Dr. J. P. Frange	(Signed) Walton S. Johnson M. D. (Address) City Heale - Curloly
If more blanks are needed, address State Registrar	24.7.1 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial apphritis JAN 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 12196

M)	item of infor-	should state	of OCCUPA-	
		RECORD. Every	. PHYSICIANS	Exact statement	
	OR BINDING	S A PERMANENT	tated EXACTLY	roperly classified.	
	ED F	HIS IS	be st	be pr	
	MARGIN RESERVED FOR BINDING	E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
		E PLAINLY, WIT	should be carefully	OF DEATH in pla	

TOO THE	. PHY	Exact s	
HE FLAIMLI, WILK-UNFADING INA-I HIS IS A LEMMANENI NECON	XACTLY	SE OF DEATH in plain terms, so that it may be properly classified. Exact s	
12 2 21	stated E	properly	certificate
2	be	pe	Jo
	plnou	may	back
	50	t it	on
5	AGE	tha	ions
	÷	S.	nct.
HALL	pplie	erms	instr
TIT	ly su	lain t	See
AA T	[nj	n p	nt.
1,	care	H	orta
TATE	pe	EAT	imp
3	pp		L'A
1	hou	OF	Vel
1	N S	SE	15
7	0		-

1. PLACE OF DEATH	107.70
County Cellegally	Registration Dist. No.
Village or City Unallynus	NoSt.,Ward
14	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,l	nosds. How long in U.S. If of foreign birth?yrsmosds,
2. FULL NAME Collect Shugher	If U. S. Veteran, specify WAR
(a) Residence: No. Mudeum	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOIL 17 Th
fluill white single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Quy . 15-1935-	I last saw half alive on Lace 17 th 19 36 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	1/ 200
1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	14/1/36
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at II. Total time (years)	
this occupation (month and spent in this year) occupation	
12. BIRTHPLACE (city or town) Midland - hid	Other Contributory Causes of importance:
(State or country)	
13, NAME nelson Thereber	
13. NAME Nelson Thrashur 14. BIRTHPLACE (city or town) Manyland (State or country)	Name of a state of the state of
14. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIDEN NAME Parsy Farmbaker	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
E Too Sand	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Della Ala	Where did injury occur? (Specify city or town, county and State)
(Address) Whidlund his	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	No. of let up
Place ald any Date all. 19 193	Manner of Injury
h 2001	Nature of Injury
19. UNDERTAKER & 10 0000	24. Was disease or injury in any way related to occupation of deceased?
(Address) Somming, Mrs	If so, specify
20. FILED Wes 19th 36 Kg. Stafer	(Signed) M. P. C. C. M. D.
Registrar.	(Address) / Matatag - Mg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M.E.B. Owens

BINDING

RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
11 AN 6 1931			
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

en.	RPORATE LIMITO Registration Dist. No. 4
	No. MEMORIAL HOSPITAL 55 4 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign blrth?
	If U. S. Veteran, specify WAR
	St., Ward. Hancock, Ind.
	If nonresident give city of town and State MEDICAL CERTIFICATE OF DEATH
D,	21. DATE OF DEATH
d)	DECEMBER 6 , 193 6 (Month) (Day) (Year)
	22. HEREBY CERTIFY, That I attanded decaasad from
11	1-25-1925 to 12-N-1936
an	I last saw h.1 MQ elive on
_hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance
	were as follows: Date of one of Ryplate Date of one of
	A I
	Oh Carl A Carrier
	Other Contributory Causes of importance:
	Neme of operation Date of
	What test confirmed diagnosis? Was thera an autopsy?
	23. If death wes due to external causes (VIOLENCE) fill In also the following:
	Accident, suicide, or homicide?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	Specify microst injury occurred in Product, in Home, of the oblic Flace.
7/	Mannar of injury
36	Nature of Injury.
	24. Wes disaasa or injury in any way related to occupation of deceased?
	If so, specify
li	(Signed) MD.
r.	(Addrass) (Amula III)

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Chronic interstitial nephritis 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	0100
1. PLACE OF DEATH		108 IMITS.	1
County allegany	•	COBPORATE LINE Registration Dist. No.	<i>t</i>
Village or City Lewells	land WIT	death occurred in a hospital or institution, give its NAME instead of street and z	Ward
Length of residence in city of own whera daeth	occopred yrspros	ds. How long in U.S. if of foreign birth?yrsme	osds.
2. FULL NAME SAAC X	Itull Whi	If U. S. Veteran, specify WAR	
(a) Residence: No.	tour 9	VOL Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey)	, 193 (Year)
5a. If married, widowed, or divorcad HUSBAND of			
(or) WIFE of	Hauss	22. HEREBY CERTIFY, That attended	deceased from
J	P- 23 1887	7 ,19/6/10	19
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	U. ac	6:2-1	?; death is said
11.0	- I day hrs	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
49 9	27 ormin.	ware as follows:	Date of onset
8. Trede, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	Tractor	Alvand Die	
9. Industry or business in which	an las son S	200 menungus	12:14:
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc	eneral.		7.5
10. Data deceesed last workad at this occupetion (month end year)	11. Total time (yaers) spent in this occupation	35.000	
ga v l	Occupation .	Othar Contributory Causes of Importanca:	
12. BIRTHPLACE (city or town)			-
~ /	WI.		
13. NAME USAGE	111110	Mos &	
14. BIRTHPLACE (city or town)	D	Name of operationDate of	5
(claire or country)	R	What test confirmed diegnosis! The Harry Was there an a	
15. MAIDEN NAME Aura	pomo	23. If death wes dua to axternal causes VIDL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	211 211	Accident, suicide, or homicide? Date of Injury	, 19
(State of country)	and it	Where did injury occur? (Specify city or town, county and Stat	e)
17, INFORMANT / 100 Strma (Address) Oldtown	Mulo.	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL MICL. D.	ne Decl. 21, 1936	Mannar of Injury	
19. UNDERTAKER Journey (Address)	tein Jucand	24. Wes disease or injury in any way related to occupation of decaesed?	200
20. FILED De. 21, 19.36. Dr.	V. Frankly Registrar.	(Signed) / Della la	M D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

19100

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JAN 6 1937			
Other contributory causes of importance: V.	3. (Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

V. S.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12200
1. PLACE OF DEATH	GREORATE LIMITS. Registration Diet No. 4
County Allgan	Registration Dist. No. 4
Village or City worther lown	No. 16 Macliuro to St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	
2. FULL NAME Margaret / liesely	If U. S. Veteran, specify WAR.
(a) Residence: No. / 16 / M Smallwood (Usual place of abode)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB-RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word) Temale 5a. If married, widowed, or divorced 7a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Mr. Wiese	22. I_HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Opt 2 1856	I fast saw h. 42 alive on 12 36, 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at
80 2 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Jones donk, SAWYER, BOOKKEEPER, etc.	Coronary Occlusion 12-18-30
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	0
10. Date deceased last worked at this occupetion (month and year)	
(some loved and	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) mul	
II 13. NAME The Long	
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. Charles or country	Name of operation Level Date of
(State of country)	Whet test confirmed diagnosis? Cleaned. Was there an eutopsy?
15. MAIDEN NAME LONES Thelchinger	23. If death was due to external causes (VIOL ENCE) fill în also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury19
(Stete or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) / 16 M. Smallwood State	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL Place Villers Vine Chapte Dec 15.1936	Menner of injury
19. UNDERTAKER G. S. Butler	Nature of injury 24. Was disease or injury in any way related to occupation of deceased
(Address) Cumbuland M	If so, specify
20. FILEDARCE 14., 1936. And V. Frank.	(Address) (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis AM 6 1027	1921	Run over by street car	1 week ago
Cereoral nemorrhage	July 5,1927	Peritonitis	3 days ago
RUMEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE PLAINLY

12201

1. PLACE OF DEATH	(131) IMITS.	
County Milianny.	ORPORATE LIMITS. Registration Dist. No. 4	
The state of the s	No. 458 Halms St., 3 death occurred in a hospital or institution, give its NAME instead of street and number	War
	ds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAME John S. Millan	If U. S. Veteran, specify WAR	
(a) Residence: No. 458 Walust 4	St., 3 Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
male White ORDWORCED (write the word)	21. DATE OF DEATH Q 7/ , 193 (Month) (Day)	(Yeer)
5a. If married, wildowed of divorced HUSBAND of (or) WIFE of Cla Oisenhauer	22. O HEREBY CERTIFY That I attended decea	sed from
6. DATE OF BIRTH (month, day, and year) Sehl 26 1868	I last saw h tou alive on Den 3 , 1936; dea	th is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2. Hm.	
68 2 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		-4-
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1. Ond Ry		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year) 11. Total time (years) spent in this occupation 309		
12. BIRTHPLACE (city or town) Commbuland	Other Contributary Canses of Importance:	
(State or country)	(marcy nepmr - 19	37
13. NAME Atraham Malhes 14. BIRTHPLACE (city or town) - Inglined		
14. BIRTHPLACE (city or town) England	Neme of operation Date of	
	What test confirmed diagnosis? Was there an autops	sy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:	
I 6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, Where did injury occur?	19
17. INFORMANT Im John & White (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Com Date Dice 28 1936	Manner of injury	
9 · It · 192-	Nature of injury 24. Was disease or injury In any way related to occupation of deceased?	
(Address)	If so, specify	
20. FILED Dec. 26, 1936. Dr. J. P. Franka Registrar.	(Signed) (Address) Cucul Man Key	M. D
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Change interesting a security	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

h

STATE OF MARYLAND—	CERTIFICATE OF DEATH	3088
1. PLACE OF DEATH		7
County alleagues	Registration Dist. No	/
Village or City Zy Coloutia Wa	(NoSt.,	Ward
Length of residence in city or town where death occurred 50 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME Frank Willett		
4.1 1 4	If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale Ulite Uarred	21. DATE OF DEATH Lecebber 29 (Month) (Day)	, 193(Year)
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of Julia Shadware Willett	22. THEREBY CERTIFY That I attended to the 29	
6. DATE OF BIRTH (month, day, and year) (Det 30. 1877	I last saw here alive on Die 29 1935	; death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at	
59 1 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8 Trade profession or particular	A DA DP	Date of onset
SAWYER, BOOKKEEPER, etc.	Maffredis, allower,	1930
9. Industry or business in which work was done, as SILK MILL, Chocky Slove	mespearchitis, chiane	1730
kind of work done, as SPINNER, State Seepler SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and state).	My perferous	1936
this occupation (month and year) 1936. spent in this 23		
12. BIRTHPLACE (city or town)	Other Coatribatory Caases of Importance:	
(State or country) England.	thema	12/22/3
13. NAME Francia Willetts	200	
14. BIRTHPLACE (city or town)	Name of operationDate of	
(State of country) 6 nataret	What test confirmed diagnosis? CLUL COL Was there an a	utopsy?
16. BIRTHPLACE (city or town)	23. II death was due to external causes (VIOLENCE) fill In also the Iollowing	
5 16. BIRTHPLACE (city or town) Sendently	Accident, sulcide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT Mabel Wifells and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place allegany lens Date Jan. 11, 1937	Nature of injury	20
19. UNDERTAKER Jacob Joles	24. Was disease or injury in any way related to occupation of deceased?	5
(Address) (A a a day and a day	Il so, specify	22
20. FILED 1 1939 Wr. W. Registrar.	(Signed) (Address) Thort Care M	(C) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CER 2, 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	93344
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

of OCCUPA.

1. PLACE OF DEATH	PERTIFICATE OF DEATH 12202
County alleanny.	Registration Dist. No.
Village Dr City Westernfort Length of residance in city, or town where daeth occurred 33 yrs.	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
7/ 1//	
(a) Residence: No.//3 Wand (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the market)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Munnie Krankf - Hil	22. I HEREBY CERTIFY. That I attended deceased from 10. 22. 1936, to 10. 30 1936
6. DATE OF BIRTH (month, day, and year) Back 24 18	15 i last saw h. Lain. alive on Dec. 30 , 19.36; death is sald
	to have occurred on the date stated above, at 3.55.7m.
6/ 7 6 or	
8. Trada, profession, or particular kind of work done, as SPINNER Machine SAWYER, BDOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Broncho Preunonia 12/28/
Work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.	hop
O 10. Data dacaasad iast worked at this occupation (month and year) spent in this occupation (month and year)	Louiso.
mt. In a c	Other Coutributory Causes of importance:
12. BfRTHPLACE (city or town) / Carlot (Stata or country)	Caronary Ellerais
E 13. NAME Sward Walles	A received the sufferency about
13. NAME Sward Walles 14. BIRTHPLACE (city or town) Property Conditions (State or country) My Sandage and	Name of operation Date of What tast confirmed diagnosis? They was there an autopsy? My
E 15. MAIDEN NAME MANI (Take) Roals	23. If death wes due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Mary and Roah 16. BIRTHPLACE (city or town) M	Accidant, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Walhelmana Wills (Address) Balt, and Mills	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2/ Mannar of Injury
Place Chalps Cernelly Date and I	, 19 % Nature of injury
19. UNDERTAKER Savid S. Boal (Address) Hesterikast, M.	24. Was disease or injury in any way related to occupation of deceased? 26
20. FILED Jan: 2, 1937 af Bayenbaker	(Signed) A J Tayuntaker M. E. (Address)
	Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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stating the occupation, avoid the use of such indefinite terms as "employee." "work

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Example I /	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 1937			
Other contributory causes of importance . S.		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year

V S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2203
1. PLACE OF DEATH County Useany - Alts	ide of Registration Dist. No. 4	-
Village or City rear Construction City	death becurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where deeth occurredyrs	ds. How long In U.S. if of foreign birth?yrsm	
2. FULL NAME John L. Workmens	If U. S. Veteran, specify WAR	
(a) Residence: (No. Pratrial Russell And (Usual place of abode)	1 St., = Ward. Sursand Park	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 27 (Month) (Day)	, 193 6
5a, If married, widowed, of divorced	(month) (bay)	(Yeer)
HUSBAND of Cor) WIFE of Cory WIFE of Cory WIFE of Cory After Mester	22. HEREBY CERTIFY. That I attended 1936, to Dec. J.	deceesed from
6. DATE OF BIRTH (month, day, end yeer) Dic 13 1866	I last saw hi M elive on Dec. 26 , 1936	.; deeth is said
7. AGE Yeers Months Deys If LESS then 1 dey,hrs.	to heve occurred on the date steted above, et 2	
/0 - /4 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carcinona ofecum	71935
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete decessed lest worked at this occupation (month and	7	
10. Dete decessed lest worked at this occupation (month and year)		-
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	2
(Stete or country)	Chouse Mocarditis	
13. NAME John a. Workmeister		
14. By HPLACE (city or town). (State or country)	Name of operation Dete of What test confirmed diagnosis? Was here an o	1 1/0
15. MAIDEN NAME On thy Sickolo 16. BIRTHPLACE (city or town)	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State	te)
17. INFORMANT WWW (Address) Combustions.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18, BURIAL, CREMATION OF REMOVAL	Manner of injury	
Place St Intses Cen Date Alec 79, 19 36	Nature of injury	A
19. UNDERTAKER Kranjo Stein Jac	24. Wes disease or injury in any way related to occupation of deceased?	100
(Address) Completed	If so, specify Who were sin	
20 ELEMPLES -4 10 26. Dr. L. T. Transov.	(Signed)	M. D.

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Registrar.

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Chronic interstitial nephritis AM 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

JARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(13)
County Cellege	WITHIN CORPORATE REGISTRATION No. 4
Village or City Control of Ad	No. Cellegany Hosp. & H Ward
Length of residence in city or town where teach occurred 4 yrs.	(If death occurred in a hospital or relitation, give is NAME instead of street and number) gosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Catherine de	nes saulopp
(a) Residence: No. 105 Wells erace (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DI (ORCED (write the world)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) An 2 188 Al Star	Hast saw h ER alive on 2 2 1936; death is said
7. AGE Years 49 Months Days If LESS than I day,hr	
2 Trade profession or particular	were as follows: Chronic Interstitud Nephrania Data of one of
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occuration (month and	Chronic mys condition
10. Data deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance: Neverus frostration following
(Stata or country) 13. NAME Ferrer Partopp	mmafdana
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Climan Was there an autopsy? W
15. MAIDEN NAM 16. BIRTHPLACE (city or town)	23. If death was due to axternal causes (VIOLENCE) fill In also tha following: Accident, suicide, or homicide?
17. INFORMANT I Jaytopp	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURYAL GREMATION, OR REMOVAL THE LANGE COLOR DATE DATE 193	Manner of injury
19. UNDERTAKER Louis Stein Tree	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILEDARC. 4 1936, Dr. J. P. Fran	(Signed) If Demany M. D

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JAN 6 1937			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS BY PHYSICIAN
for authorisation & make	correction on date of buth see felle
under Doublin 1/27/3/	